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ABSTRACT

This resource guide provides a rationale for collaboration among social agencies and answers some of the questions about cooperation and collaboration between Head Start programs and local school districts. Steps in the process in developing interagency agreements are outlined to assist local education agencies and Head Start programs in developing their own agreements for the benefit of everyone, especially children with special needs and their families. Programs in Wisconsin provide the examples and case studies of collaborative efforts used throughout this resource book. The guide first provides rationales for collaboration between Head Start and local education agencies, noting that such cooperation can: (1) enhance functional skills, promote learning for children with diverse developmental levels, and increase social competency; (2) provide opportunities to better address the comprehensive needs of children and their families; and (3) provide shared resources to develop a comprehensive and interconnected service delivery system. The stages of collaboration are then addressed, followed by descriptions of areas for collaboration and potential strategies to address each area. Next, the guide discusses practical applications of Head Start as a placement for disabled children and the use of Individualized Education Programs for such children. Finally, the guide answers commonly asked questions about agency collaboration in several areas, including financial responsibility and staff qualifications. Appendices include: (1) a sample of the joint agreement between the Department of Public Instruction and Head Start of Wisconsin; (2) criteria comparison chart for Head Start eligibility; (3) questions and answers related to the multi-team process for preschoolers with exceptional educational needs; (4) a description of the Merrill (Wisconsin) Little Learners' Head Start and Merrill Area Public Schools' Exceptional Education Needs Inclusion Model; and (5) a bibliography on collaboration. (WP)

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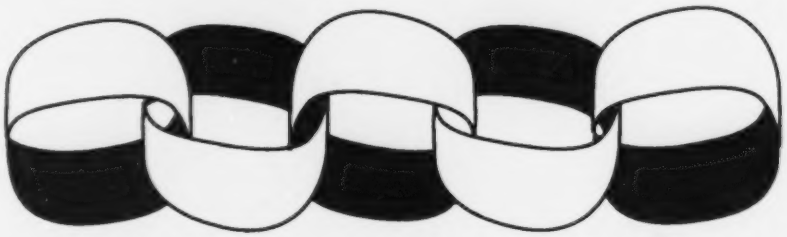

Collaboration:
Because It's Good for Children & Families

A WISCONSIN RESOURCE MANUAL

Wisconsin Department of Public Instruction
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Fall, 1994

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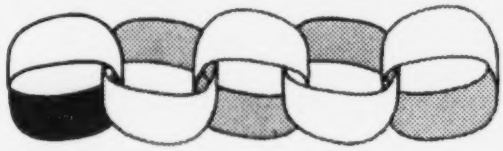
INTRODUCTION

Collaboration between school districts and Head Start programs exists at many levels throughout Wisconsin. A state interagency agreement was first forged in 1981 by the Department of Public Instruction (DPI), the Wisconsin Interagency Specialist, the Resource Access Project (RAP) and Head Start Regional Office - Administration for Children and Families (ACF) who represented Head Start programs. This agreement outlined strategies which encouraged cooperation between the two agencies in providing services for children with disabilities. It served to guide numerous local programs in developing local interagency agreements throughout Wisconsin. In 1992, the state interagency agreement was revised. The new agreement builds on cooperative efforts, offers more specific strategies and reaffirms the commitment to collaboration. (See the Appendices)

Both Head Start programs and local education agencies (LEAs) have mandates to serve children with disabilities. For school districts, the Individuals with Disabilities Education Act (IDEA) mandates a free appropriate public education (FAPE) for all children with disabilities in the least restrictive environment. In addition, school districts must have available a continuum of alternate placement options. Since 1972, Head Start programs have had a mandate to enroll 10% children with disabilities and include them in all comprehensive services.

Publication of the Final Rule on Head Start Services for Children with Disabilities (45 CFR Part 1308) in January, 1993 further heightens the cooperative relationship between local Head Start programs and LEAs. The long awaited rule brings Head Start standards for identifying disabilities more in line with IDEA which governs school districts. It also encourages Head Start programs to seek out cooperative arrangements with LEAs.

This publication provides support for collaboration and answers some of the questions which have been raised about cooperation and collaboration between Head Start and local school districts. Steps in the process in developing interagency agreements are outlined to assist LEAs and Head Start programs in developing their own agreements that will produce benefits for everyone, especially children with disabilities and their families. Programs in Wisconsin provided the examples and case studies of collaborative efforts used throughout this resource.



WHY WORK TOGETHER?

Because It Is Good For Children

The positive effects of inclusion for children with and without disabilities is a strong rationale for Head Start and the LEAs to work together to serve children with disabilities. Children naturally learn from each other while they play, and developmentally appropriate play activities in inclusive environments provide the day by day experiences that support friendships, enhance functional skills, and promote learning for children with diverse developmental levels. Children with most types of disabilities increase skills in areas such as cognition, communication, and functional development when they are in environments that encourage interaction with children without disabilities. Social and emotional development is enhanced as children with disabilities in least restrictive settings experience a feeling of belonging and acceptance. Children without disabilities learn acceptance of individual differences and increased social competency as they interact with children with disabilities.

When LEAs utilize Head Start as an integrated placement option, children receive the benefits of a less restrictive environment.

Tommy is a 5 year old child who experienced a brain hemorrhage at 3 months of age. Significant delays in speech/language, cognition, and motor development seriously affected his ability to communicate and interact socially with peers as he was unable to initiate or sustain meaningful play situations with other children.

As Tommy approached age three, his parents began working with their Birth to Three Program Service Coordinator to plan for the next services that he would need. Tommy's parents were concerned with helping him to improve all of his skills. They knew that he would need some very special assistance to develop his potential. Their dreams for Tommy focused on the importance of his social skills, in that they wanted him to be able to play and have fun with neighborhood friends.

There were several options for serving Tommy when he turned three. Since Tommy's family lived in a low income housing project, Tommy could attend the Head Start program located in the community center. The school district could transport Tommy to their nearest early childhood: exceptional educational needs (EC:EEN) classroom. At the transition planning meeting, representatives from each program discussed Tommy's needs and his parents' priorities. They decided to work together to provide Head Start and school special education services. Tommy was enrolled in both Head Start and the district's EC:EEN program. He attended the Head Start classroom and received itinerant services from the school district.

Over the last 2½ years, Tommy and his parents have seen their dream come true. Tommy's

overall development has improved dramatically. The school speech pathologist, working in conjunction with the Head Start staff, provided the stimulation and therapy needed to increase his ability to communicate and interact. The school physical therapist worked with Tommy in one on one sessions and during the Head Start motor activities. Tommy can now move around better to play with his classmates. The social focus of the Head Start classroom helped Tommy develop feelings of acceptance and support. These developmental changes supported Tommy in building many friendships with the children in the class. He will attend kindergarten with the other children in his neighborhood and sustain those friendships which developed as his social skills were built upon with his Head Start peers. An integrated classroom setting has been a positive experience for Tommy.

Because It Is Good For Families

Families experience an increased sense of community as Head Start and LEAs work together to provide support. Shared activities provide opportunities to build friendships and make informal connections that support the parenting role. The comprehensive needs of children and their families can better be addressed through coordination of services. Finally, the linkage of programs' staff and services support smooth transitions.

Mary is a single parent with two preschool children. Bobby, age four, was identified as having an exceptional educational need in the area of emotional disturbance. The multidisciplinary team (M-Team) report and subsequent individualized education program (IEP) resulted in placing him in an EC:EEN classroom with seven other children. A larger integrated classroom was not developmentally appropriate for him at that time.

Since Mary currently met Head Start income criteria, the school asked the Head Start program to participate in the evaluation and IEP process. The Head Start staff participation helped identify Mary's need for help in managing Bobby's behavior, parenting skills, and child development information. It became clear that Mary would benefit from weekly contacts by a home visitor and all the additional family support and health services provided by Head Start. The Head Start and local school's interagency agreement set the stage for this collaborative effort and a dual placement was arranged between the LEA and Head Start programs.

Through this cooperative arrangement, Bobby was enrolled in the local school's EC: EEN program and the Head Start Home Based program. Bobby received services appropriate to his needs in the EC:EEN classroom where they focused on skill development and social interactions. Head Start programming supported those services plus provided Mary with support based on her family needs. A Head Start home visitor went into the home each week for 1½ hour visits with Mary that focused on behavior management and parenting skills. Once a month she was joined in the home by the EC:EEN teacher. Head Start home programming supported the developmental strategies of the school plus provided Mary with support based on her family needs.

Because It Helps Your Program

Head Start and LEAs working together provide a means for sharing resources to develop a comprehensive and interconnected service delivery system. When LEAs expand their continuum of services to include Head Start as one possible integrated placement option, children are served in an education program for typically developing preschool children. Head Start and LEA collaboratively provide the support and resources to meet their mandates to serve children with disabilities. Both cooperative and collaborative efforts can save programs dollars while improving services to children and families served.

Head Start programs are often faced with the obstacle of finding adequate facilities to house their programs. With the recent expansion of

Head Start programs this has become increasingly difficult. The climate in school districts may limit an LEA's ability to fund new projects or build new facilities. By working together, Head Start programs and LEAs are able to pool resources for the good of children, and programs.

In one such instance a local school district had been transporting the EC:EEN students to a neighboring school district for many years. It was the feeling of the school district administration and community that they would prefer to serve these children locally but they lacked space or funding for new space. The local Head Start program and LEA worked together combining Head Start expansion funds, local district monies, and DPI grant funds to renovate an existing building on the school grounds to house a double session EC:EEN and Head Start integrated program. The classroom was staffed with a school EC:EEN teacher, an aide, and a Head Start teacher and aide. Equipment and supply expenses were shared.

Children may be dually enrolled and attend all day or enrolled for single sessions to meet individual needs. Support services are delivered on-site. Parent trainings are open to all parents and transportation and food service is contracted through the school.

Sharing of resources and expertise has built an integrated community based early childhood program where none existed before. Collaboration among programs in this scenario enabled seamless delivery of services to children and families according to individual needs.

Because It Supports Your Community

Communities can easily become lost in a sea of fragmented and uncoordinated programs that serve young children and their families. Duplication of services stretch already tight resources and gaps in services inhibit the benefits to the communities' children and families. As more programs serving young children and families work together, communities move closer to the establishment of truly coordinated and comprehensive community based services.

In one community, the agencies serving young children previously acted independently in trying to locate and screen children and families for their programs. The school focused on evaluations of young children referred for special education and screening all children just before kindergarten while Head Start conducted separate recruitment and enrollment efforts. They occasionally took on adversarial roles as they helped parents negotiate the other agencies processes. As the two programs began to work together, they decided to jointly participate in the "Child Development Days" model. This model provided communities with an opportunity to provide early developmental review for preschool aged children. Any child in the community age 3-5 attending Child Development Days received hearing and vision screening. In addition, developmental observations occurred as the children played, parents gave input about their child's development, and a wide array of community agencies displayed information about their programs. This combined effort benefitted the community by increasing public awareness of early childhood services and by bringing early childhood providers together to furnish more early and easily accessed services to children and families.

Because Education Laws Support It

Both federal and state laws place requirements on LEAs that can be addressed through coordination and collaboration with Head Start. These federal laws are included in Part B of the Individuals with Disabilities Education Act (IDEA) 34 CFR Part 300. Wisconsin's special education law and implementing rules are specified in Subchapter V, Chapter 115 of the Wisconsin Statutes and Chapter PI 11, Wisconsin Administrative Code. These laws and rules include requirements for child find, the provision of least restrictive environment and the continuum of alternative placements. Selected citations follow.

U.S DEPARTMENT OF EDUCATION 34 CFR PART 300 (IDEA)

Child Identification -- 300.220 (IDEA)

Each [State Education Agency] application must include procedures that ensure that all children residing within the jurisdiction of the LEA who have disabilities, regardless of the severity of their disability, and are in need of special education and related services are identified, located, and evaluated, including a practical method of determining which children are currently receiving needed special education and related services and which children are not currently receiving needed special education and related services.

Least Restrictive Environment -- 300.550 (IDEA)

(b) Each public agency shall insure:

(1) That to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled; and

(2) That special classes, separate schooling or other removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disabilities is such that education in regular classes with the use of supplemental aids and services cannot be achieved satisfactorily.

Continuum of Alternative Placements -- 300.551 (IDEA)

(a) Each public agency shall insure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.

(b) The continuum required under paragraph (a) of this section must:

(1) Include the alternative placements listed in the definition of special education under 300.17 (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions); and

(2) Make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.

Placements -- 300.552 (IDEA)

Each public agency shall insure that:

(a) The educational placement of each child with a disability:

(1) Is determined at least annually,

(2) Is based on his or her IEP, and

(3) Is as close as possible to the child's home;

(b) The various alternative placements included under 300.551 are available to the extent necessary to implement the IEP for each child with a disability;

(c) Unless the IEP of a child with a disability requires some other arrangement, the child is educated in the school which he or she would attend if not disabled; and

(d) in selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services which he or she needs. 1412 (5)(B)

Placement When Programs for Non-Handicapped* are Not Provided - OSEP Memorandum #89-23:

Question: Many questions pertain to providing special education and related services in the least restrictive environment when programs for non-handicapped children in the same age range are not provided by public schools.

* The term "handicap" was changed to disability with the reauthorization of IDEA in 1992.

Response: There is a variety of placements that can meet the needs of preschool children with handicaps and the continuum of alternative placements required under 34 CFR 300.551 must include the alternative placements. For public agencies that do not operate preschool programs for non-handicapped preschool children, some alternative methods for meeting the requirements under 34 CFR 300.550-556 include (1) placing children with handicaps in other preschool programs operated by public agencies (such as Head Start), (2) placing children with handicaps in private school programs for non-handicapped preschool children or private school preschool programs that integrate children with handicaps and non-handicapped children, (3) locating classes for preschool children with handicaps in regular elementary schools. The public agency responsible for the special education and related services for a child must ensure that the placement is based upon the individualized education program and meets the unique needs of the child.

SUBCHAPTER V OF CHAPTER 115, WIS. STATUTES AND PI 11, WIS. ADMINISTRATIVE CODE

School District Responsibility -- Chapter 115.85 (1), Wis. Stats.

(a)Each school board shall ensure that appropriate special education programs and related services are available to children with exceptional educational needs who have attained the age of 3....

(b)A school district may provide special education for preschool children under the age of 3 years and instruction for their parents. Such special education shall be subject to the approval of and shall comply with requirements established by the state superintendent.

Collaborative Agreements Regarding M-Teams -- Chapter 115.85(5)

(a) A school board, cooperative educational service agency and county handicapped children's education board may enter into an agreement with a county administrative agency, as defined in s. HSS 90.03 (10), Wisconsin adm. code, to allow the employees of the school board, agency or county handicapped children's education board to participate in the performance of multidisciplinary evaluations and the development of individualized family service plans under s. 51.44.

(b) A school board, cooperative educational service agency and county handicapped children's education board may enter into an agreement with a county administrative agency, as defined in s. HSS 90.03 (10), Wisconsin adm. code, a Head Start agency under 42 USC 9836 or a tribal school affiliated with the bureau of Indian affairs to allow the individuals employed by or under contract with any of the latter agencies to participate as team members in the performance of multidisciplinary team evaluations under s. 115.80 (3)(b) and in the development of individualized education programs under s. 115.80 (4).

Screening and EEN Referrals -- PI 11.03, Wis. Adm. Code

(1) (a) A board shall have an ongoing special education screening program to locate and screen all children who are residents of the school district .... A board may coordinate its special education screening program with other educational, medical and social service agencies' screening programs conducted within the district...

(2) (a) An EEN referral shall be in writing and it shall include the reasons why the person believes that the child is a child with EEN.

Multidisciplinary teams -- PI 11.04 (3), Wis. Adm. Code

(a) The M-Team shall examine all relevant available data concerning the child including the following:

1. Records concerning the child's previous and current educational performance, health and social behavior.

2. Records of previous interventions ... and the effects of the interventions and programs.

(h) An M-Team may consult with persons other than employees of the board if it is needed to appropriately assess whether a child is a child with EEN. Individuals other than employees of the board may not be appointed official members of an M-Team.

Placement Offer -- PI 11.06 (5), Wis. Adm. Code

(a) The board shall send a copy of a child's placement offer to the parent within 90 days of the date the board received an EEN referral or initiated a reevaluation for the child. If a board needs an extension of that 90 days period, the board shall first inform the child's parent of the need and reasons for an extension and shall ask the parent to agree in writing to a specific extension of time beyond the 90 day period. If the parent will not agree to an extension the board may request an extension from the division. The board shall inform the division of the reasons for the request. The division may grant a specific extension of time beyond the 90 day period if the board shows that it has acted in good faith and that there is good cause to grant the extension. If the division grants an extension it shall notify the parent of the extension and the reasons for granting it.

Because Head Start Laws Support It

Head Start has operated under a congressional mandate since 1972 to make available, at a minimum, ten percent of its enrollment opportunities to children with disabilities. The passage of Final Rule on Head Start Services for Children with Disabilities describes the requirements for Head Start programs.

45 CFR PART 1308 HEAD START PROGRAM FINAL RULE

Subpart B - Disability Service Plan
Purpose and Scope of Disabilities Service Plan -- 1308.4

(a) The Head Start grantee, or delegate agency, if appropriate, must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents.

(e) The grantee must designate a coordinator of services for children with disabilities

(f) (1) The plan must include procedures for making referrals to the LEA for evaluations to determine whether there is a need for special education and related services for a child, as early as the child's third birthday.

(g) The plan, when appropriate, must address strategies for the transition of children into Head Start from infant and toddler programs.

(h) The grantee or delegate agency must arrange or provide special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. The plan must specify the services to be provided directly by Head Start and those provided by other agencies.

(k) Special education and related services must be provided by or under the supervision of personnel meeting state qualifications by the 1994-95 program year.

(l) The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee's service area. If no agreement can be reached, the grantee must document its efforts and inform the (ACF) Regional Office. The agreement must address:

(1) Head Start participation in the public agency's Child Find plan under Part B of IDEA;

(2) Joint training of staff and parents;

(3) Procedures for referral for evaluations, IEP meetings and placement decisions;

(4) Transition;

(5) Resource Sharing;

(6) Head Start commitment to provide the number of children receiving services under IEPs to the LEA for the LEA Child Count report by December 1 annually; and

(7) Any other items agreed to by both parties. Grantees must make efforts to update the agreements annually.

Subpart D - Health Services --1308.6 (1)

The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.

Eligibility Criteria -- 1308.7 - 1308.17

Revised Eligibility Criteria brings Head Start criteria closer into alignment with IDEA: See the Appendices for Head Start and WI Special Education Criteria Comparison Chart.

Subpart E -
Education Services Performance Standards
Developing individualized education programs -- 1308.19

(b) Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.

(c) When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements.

(d) If Head Start develops the IEP, the IEP must take into account the child's unique strengths, developmental potential and the family strengths and circumstances must be considered along with the child's needs and disability

(g) When Head Start develops the IEP, an LEA representative must be invited, in writing, if Head Start is initiating the request for the meeting.

(i) A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services....

(j) Grantees and their delegates must make vigorous efforts to involve parents in the IEP process.

Subpart G - Parent Involvement Performance Standards -- 1308.21

Staff must carry out the following tasks:

(6) Parents will be informed of their rights under IDEA;

(7) Plan to assist parents in transition of children from Head Start to public school or other placement; and

(8) In cooperation with the child's parents, notify the school of the child's planned enrollment prior to the date of enrollment.

Summary

The desire to work together should focus on the benefits gained for children and families. Current special education law and Head Start regulations strongly support the benefits of cooperative efforts. The guidance provided in 45 CFR Part 1308. 4 (a) of the Head Start regulations serve as an appropriate summary for Why Work Together?

"Grantees [Head Start] need to be aware that under IDEA the SEA has responsibility for

assuring the availability of free appropriate public education (FAPE) for all children with disabilities within the legally required age range in the state. . . . . Each State has in effect under IDEA a policy assuring all children with disabilities beginning at least at age three, including those in public or private institutions or other care facilities, the right to a free appropriate education and to an evaluation meeting established procedures. Head Start is either:

- the agency through which the LEA can meet its obligation to make a free appropriate public education available through a contract, State or local collaborative agreement, or other arrangement; or
- the agency in which the family chooses to have the child.

Regardless of how a child is placed in Head Start, the LEA is responsible for the identification, evaluation, and provision of a free appropriate public education for a child found to be in need of special education and related services which are mandated in the State. The LEA is responsible for ensuring that these services are provided, but not for providing them all. The Head Start responsibility is to make available directly or in cooperation with other agencies services in the least restrictive environment in accordance with an IEP for at least ten percent of enrolled children who meet the disabilities eligibility criteria."

GETTING STARTED ON COLLABORATION

The Resource Access Project (RAP) and the Department of Public Instruction (DPI) are frequently asked by Head Start program and school district personnel to provide guidance in developing local interagency agreements. A discussion of collaboration terminology is a good place to start so that we have clearer understanding and that we're all on the same page at the start.

The word collaboration is a frequently used 'buzz' word, but is not always well defined. In fact, there is a whole range of interagency relationships of varying degrees of involvement. Terms such as coordination and cooperation are used interchangeably with collaboration while in fact each has a distinct meaning. Consider the following continuum of relationships between your agency and other community agencies.

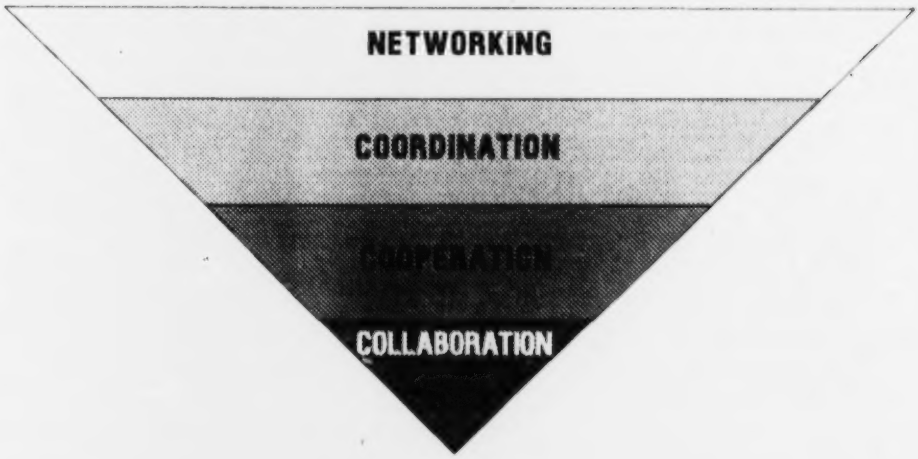
At the beginning of each of these relationships ***networking*** occurs. Networking refers to loose community linkages where exchange of information and rapport building takes place. Example: The first time personnel from community agencies come together to talk about programs or services.

Coordination occurs when two or more agencies operate autonomously yet work together to avoid duplication of effort or fill gaps in needed services. Example: Coordinating agencies such as resource and referral agencies or Head Start Family Services Centers which refer parents to other agencies.

Cooperation includes some service integration between two or more agencies. Agencies do not wish to lose autonomy but decide to give up some for certain benefits. Examples: Asking clinics to come to your agency to do health screening or working with a University to provide student or intern services.

Collaboration involves agencies joining together to work toward a common goal which could not be achieved by a single agency acting alone. The result is a highly shared endeavor where members are committed as much to the common goals as to the interests of the participating agencies. Resources, power, information, and authority are shared. Example: Combining Head Start and EC: EEN children in one class with teachers team teaching.

As one moves from networking to coordination to cooperation to collaboration the linkages become stronger and more intense. Some believe that as these processes evolve - "community" is formed. More structured relationships and arrangements develop and systems are changed to support the common goals of supporting young children and their parents.



Each of you can identify where you fit along this continuum. Where are you in the continuum of relationships with community agencies?

Where To Begin?

Where do agencies begin the interagency collaboration process? First some general suggestions to consider in working with another agency:

- be willing to listen to and understand the needs, goals, and procedures of others
- respect the operating procedures of other individuals and organizations
- keep in mind the vision of quality services for children and families
- be flexible enough to accept numerous paths to the goal
- be willing to let go of some decision-making power
- be the first to offer to share a resource, assist in an activity, or try a different way
- let someone else take the lead in carrying out an activity
- give others the credit for having accomplished an objective or achieved a success
- reach out to a counterpart in another agency. Invite him/her to participate in an upcoming activity or planning effort.

These steps are from *Partnerships in Early Intervention: A training guide on family centered care, team building and service coordination*. Waisman Center Early Intervention Program, Madison, WI.

Steps In The Process

Collaboration is an ongoing process. There are general stages in the collaborative process: initial planning, meeting, implementation, evaluation and ongoing planning. As you begin networking and rapport building or continue your past collaborative efforts, there are a number of points to consider.

1) Initial Planning

- Look at what you're already doing. What is your relationship with the other agency? Are there efforts/activities you want to improve or develop?
- Decide who should be involved. Identify key players and be the first to reach out. Involve the person(s) from the other agency that you have had the most contact and the person(s) with decision making power. Contact the Department of Public Instruction (608) 266-1781, the Wisconsin Head Start Directors' Association (715) 342-0511 or Resource Access Project (608) 742-8811 for directories which list

Head Start Directors and Special Education Directors/designees.

- Decide what you would like to bring to the table for discussion. You may want to begin with a very specific issue such as transition, or you may want to begin with a brainstorming session to explore areas for collaboration.
- Make the call(s) - introduce yourself and lay some groundwork.
- Set up an initial meeting. A neutral meeting place is often the best way to start. Allow enough time to discuss the issues.

2) The Initial Meeting

- Be realistic. Cooperation may be the first step to developing a trusting relationship.
- Distribute or have available necessary supporting documents such as laws, interagency agreements, needs assessments and/or other resource information. A copy of the state interagency agreement is found in the appendices.
- Clarify everyone's acronyms and terminology to ensure understanding.
- Facilitate discussion of each player's expectations and goals for ongoing collaborative efforts in this meeting. Ask objective questions (fact gathering); discuss feelings about these facts; and determine their implications.
- Establish agreed upon goal(s) for the group. Start with short term goals that will ensure early success. Don't take on a task too big for the group to accomplish. Here again, these goals will be individualized based on prior experiences or efforts between agencies and the needs that have been identified. Examples of goals might include, developing a written agreement to document current efforts, developing a transition process, redeveloping the referral for a multidisciplinary team evaluation based on new Head Start rules, or developing an ongoing interagency coordinating council. If the group has difficulty finding goals or common areas, use the state interagency agreement or this Manual to guide discussion of what agencies could include in their local interagency agreement.
- Review goals to determine if all the key players are involved in the action steps. Discuss if anyone else is needed to work toward your goals. If all players are not involved, identify them, and determine how they should be invited.
- Determine what steps need to be taken to achieve the group's goal.
- Establish systems to ensure ongoing communication with all key players. Some players may need to meet regularly, others may need only to be informed on an as needed basis.
- Do not spend too much time trying to identify and solve all of the potential problems. Many problems will never happen, and some things will occur that you never even thought about.

3) Implementation

- Assign responsibilities and establish timeframes.
- Share the work. Divide tasks among key players being considerate of their interest, ability, and time commitments.
- This is where the real "what ifs" will present themselves. Develop a communication system that allows the group to ask questions and receive answers.
- Document the goals, implementation efforts, and responsibilities. If written interagency agreements were not yet identified as a goal, documentation will be especially helpful when you get to the written agreement stage.
- Meet as many times as necessary to work toward your goals and finalize the agreement.

- Celebrate the completion of your goal(s); bring treats to the next meeting, have a lunch celebration, or give out awards/ certificates of appreciation. Celebrate the completion of written agreements with an official presentation at a community or board meeting with all parties signing the agreement.
- Spread the word about your joint efforts, do a press release, address agency boards and distribute copies of the agreement.

4) Evaluation and Secondary Planning

- Evaluate your efforts. Get input from each key player on the success of your efforts and the areas that should be handled differently. Come to agreement on what will change for the next effort.
- Congratulate yourselves again, you've made it this far. It's not likely that you will go back.
- Look at expanding your collaborative efforts. Now is the time to take on new collaborative efforts, establish a group vision for community services to young children, develop written agreements, etc.
- Begin implementation of your new goals.

Overcoming The Challenges

Establishing interagency relationships involves overcoming challenges inherent in the process. Three steps forward, two steps back often describes the process. Advances are made, only to have new challenges arise. Turn these stumbling blocks into building blocks. The challenges may include the following:

- historical baggage between agencies and/or personnel;
- misunderstandings of intentions or actions;
- resistance to share or give up some power;
- crossing long established methods of doing services;
- difficulty in finding time needed for establishing agreements;
- conflicting rules, regulations and policies;
- differing work and management styles;
- conflicts about use of resources, funding, personnel, facilities, transportation;
- negative attitudes; or
- changing team members.

Each of these stumbling blocks and others not anticipated, requires both parties to listen to and understand the needs, goals and operating procedures of the other agency. It sometimes is a long and laborious process. As stumbling blocks surface, take time to discuss them with the group. However, avoid becoming bogged down with issues. Try to find solutions and move on. The successful conclusion of the process will be two agencies working together to make the best use of resources and personnel to benefit children with disabilities and their families.

Developing Your Interagency Agreement

The first joint state agreement between Head Start and the Wisconsin Department of Public Instruction/Division for Handicapped Children and Pupil Services was developed in 1981. In 1992, this agreement was revised and updated (see Appendices) to reaffirm and build upon past efforts and offer specific collaborative strategies. This agreement may be useful as your programs work toward development of local interagency agreements.

The Head Start disability regulations indicate that Head Start must make attempts to develop written agreements with the LEAs. Head Start programs will be seeking to review their past collaborative efforts and improve or create new collaborative efforts within the framework of the disability regulations. This will include efforts to revise or develop formal local interagency agreements that specify cooperation and collaboration between the programs. The starting and ending points for written agreements will be as

individual as are Head Start programs and LEAs. The state interagency agreement offers a policy framework to local school districts and Head Start programs for developing local interagency agreements. The Head Start regulations 45 CFR Part 1308.4 (1) state that interagency agreements must address: Head Start participation in the LEA child find plans, joint training of staff and parents, referral procedures for evaluations, IEP meetings, placement decisions, transition, and resources sharing.

At their best, when local interagency agreements are complete, they will:

- define who will do what;
- generate new collaborative ideas;
- avoid duplication of effort;
- save money; and
- eliminate the "my children your children syndrome" and replace it with "our children".

The RAP or DPI may be contacted to obtain examples of local interagency agreements.

OPPORTUNITIES FOR COOPERATION/ COLLABORATION

There are many opportunities for collaboration between Head Start and LEAs. This section describes areas for collaboration and potential strategies to address each area.

Child Find

LEAs are mandated to locate, identify, and evaluate children with disabilities within their attendance areas. Head Start programs also conduct various child find activities when recruiting children with disabilities. Additionally, federal standards require Head Start programs to make sure all enrolled children in Head Start receive developmental, health and sensory screening. Local districts should recognize Head Start as part of an informed Child Find referral network which is a formal system of communication that identifies and coordinates with local service providers of young children with disabilities. Conversely, the LEA should play a strong role in Head Start's efforts to serve children with disabilities. Each agency should identify liaison personnel to facilitate communication including, the exchange of information related to the respective programs' criteria used in determining whether a disability or EEN exists. These liaisons would also facilitate referrals between the agencies for children who may meet disability criteria. Programs may additionally participate in child find efforts through area-wide screening efforts and data collection. Other Child Find activities could include:

- The timely referral and placement of children from Head Start to the LEA, and the LEA to Head Start. This would involve the establishment of cooperative referral and enrollment processes, with the LEA following mandated referral and placement timelines and Head Start giving priority within their selection priorities to eligible children who are referred from the LEA.
- Cooperative completion of LEA referral forms to facilitate the referral and evaluation process.
- Establishment of a local cooperative screening process which includes maintenance of an informed referral network, and Child Development Days where community screenings are held.

Evaluation

Evaluation of children is becoming a cornerstone for collaboration between Head Start and the LEA. All children enrolled in Head Start are

screened as the first step in the assessment process. Only those children who need further specialized assessment to determine whether they have a disability and may require special education and related services proceed to the evaluation process. The LEA, upon receipt of referrals conducts a multidisciplinary team (M-Team) evaluation to determine a child's eligibility for special education. If a child is determined eligible, the LEA proceeds with program development. The evaluation, therefore becomes a logical collaboration point for children with suspected disabilities. The Head Start disability regulations encourage the utilization of the LEA for conducting evaluations for Head Start children with suspected disabilities.

Procedures for the referral of children with suspected EEN for evaluation by a M-Team should be mutually agreed upon. Procedures must meet the standards of Chapter PI 11, Wis. Admin. Code and Head Start regulations, including the confidentiality and due process requirements of each program. Procedures may include the following:

- Head Start and LEA staff exchange of information related to their respective program criteria used for determining a disability or EEN. This is important due to the fact that there are some differences in each program's eligibility criteria per regulations governing each agency.
- Transmittal of relevant information from Head Start to the LEA, with written parental consent, when referring an enrolled child for evaluation.
- LEA utilization of Head Start screening and assessment information in the M-Team process, if assessments by qualified Head Start staff and/or consultants are current. Utilization of assessment information by the LEA can avoid unnecessary duplication of effort. Members of the M-Team should use their professional judgement to decide if it is necessary to complete additional assessments. When an M-Team member accepts the findings from a previous report, that M-Team member's report should cite specific items from the previous report and indicate how they are consistent with his or her own documented observations of the child.
- With parental consent, Head Start staff participation in the M-Team and IEP process to enable the exchange of information.
- Under interagency agreement, as described in Wisconsin Act 283, 1993, to Chapter 115.85 (5), Head Start staff participate as team members in the M-Team and IEP processes.
- LEA and Head Start staff agreement to utilize the same developmental assessment tools to facilitate the evaluation process.

For further clarification see Appendices for *Questions and Answers Related to the M-Team Process for Preschoolers with EEN* by Jenny Lange

Individualized Planning Goals And Objectives

LEAs are required to develop an individualized education program (IEP) for each child identified as having an exceptional educational need. Head Start programs are also required to develop individualized education programs representing all areas of comprehensive programming for children who do not need the special education and related services by the LEA, but who still meet the Head Start disability criteria. These Head Start plans must delineate the child's present level of functioning, the goals and objectives to be addressed, and the services that the child will receive.

Cooperative development of IEPs between agencies can ensure non-duplication of services and that children receive services which meet their individual needs. Methods to be used can include the following:

- Jointly conduct IEP meetings and involve staff from both agencies.
- LEA and Head Start coordination of goals and objectives identified in the IEP. Each program will assume its identified responsibility for implementing goals and objectives.

- LEA and Head Start staff joint review of the child's progress toward identified goals.
- Develop an IEP format that identifies services that each program will provide.

Placement Alternatives

LEA operated preschool special education programs and Head Start programs are both legal and viable program alternatives among a range of options for preschool children with EENs. The use of Head Start as an integrated placement option may provide a means for the LEA to meet state and federal requirements to provide service in the least restrictive environment appropriate for a child. Head Start provides a developmentally appropriate program in an integrated setting. Therefore, Head Start can be a possible placement for individual preschool children whose developmental needs require an experience in a normalizing environment with their non-disabled peers. Parents should be informed of possible programming alternatives which may include Head Start. Parental input must be considered, as preschool age children are not included in mandatory attendance legislation. In addition, the following points should be kept in mind when considering program options:

- When Head Start is one of the placement alternatives for a child, Head Start staff must participate with the IEP committee and the placement group in reviewing the child's needs and the ability of each program to meet those needs.
- When a child with an EEN is placed in Head Start, the LEA must ensure the provision of special education programming and related services required by the IEP. EC:EEN services may be delivered at the Head Start site by permanently placed or itinerant staff of the school district. Services may include, among others: EC:EEN programming, speech/language programming, hearing impaired programming, vision impaired programming, and related services, such as occupational or physical therapy, psychological services or others as specified in the IEP.
- A child may be enrolled in both an EC:EEN program and a Head Start classroom or Home Visitation program, spending time in each program.
- EEN and Head Start share room, equipment and supplies; teachers from each program team teach.
- Administrative accommodations such as having two children share one enrollment slot. This can be done when each child's IEP calls for part-time service because of their individual needs.

Transition

A transition plan will facilitate the smooth transition of children from Head Start to school or from an LEA program to Head Start. The plan includes the basic responsibilities for each agency and the transition activities that will occur. This will assist the child, parent, and both of the agencies in creating and maintaining smooth transition procedures and activities. The following activities may be utilized as transition strategies:

- Develop a system of communication with parental permission for sharing relevant information about each child who is transitioning.
- Form local transition committees with representatives from sending and receiving agencies to develop procedures, share information, and identify gaps in and barriers to transitioning.
- Establish formal referral procedures and timelines.
- Establish methods for the transfer of individual records that protect confidentiality.
- Cooperate in the selection and/or administration of evaluation, assessments and observation techniques.
- Involve the sending agency staff in M-Team evaluations, development of IEPs and in considering placement options, with parental consent.
- Develop the IEP in conjunction with the goals

and outcomes established while in the sending agency.

- Jointly plan and conduct inservice and training sessions for staff.
- Develop a method for assisting and involving the parents with the transition of their child. Provide them with essential information regarding their role in the process.
- Conduct individual, group, or combined group meetings for parents to share information, answer questions and discuss transition activities with the sending and receiving staff.
- Involve parents in designing and providing coordinated parent meetings and/or training.
- Arrange for teachers or other appropriate staff persons from the receiving program to observe children in the sending program's setting.
- Extend opportunities for sending agency staff to visit and observe in the school setting.
- Offer an opportunity for parents to visit the school setting and meet the teacher and principal.
- Arrange activities to assist children in adjusting to the new setting, such as preplacement visits or curriculum activities about going to school.
- Schedule joint conferences regarding progress of individual children, with parental consent.

Parent Involvement/Education/ Support

Head Start provides a comprehensive program that includes social services and parent involvement. These additional services may be an important reason for some children with disabilities to remain enrolled in Head Start. LEAs may also provide some parent involvement/support activities. The coordination of these activities may maximize program resources while providing parents with more comprehensive support. They may include:

- Joint visits to parents' homes by staff from both programs when children are enrolled in both programs.
- ooperatively sponsored parent support groups and/or training workshops.
- Joint parent/child group socialization activities.
- Support for parents in meeting social service, needs such as housing, jobs and career training.

Staff Training/Inservices

In many cases, LEA early childhood staff and Head Start staff may have similar training and education needs. Cooperative efforts will maximize resources and may allow for a greater variety of training offerings. They can include:

- Invitation to attend agency sponsored staff training activities.
- Cooperatively sponsored workshops, speakers or presentations.
- On-site visitations and mentoring.

Shared Facilities

Facility sharing is another important avenue for coordination and collaboration between LEAs and Head Start. They may be strictly coordinated efforts with one program utilizing a room in the other program's facility or they may be truly collaborative efforts with children from both programs being located in one room. Currently, facilities are being shared in several ways:

- Head Start, EEN and day care programs in one classroom.
- Head Start, located in a school building sharing the lunch room, play ground and library.
- Head Start, located in a school building, participating daily in learning activities with the next door EC:EEN classroom.
- Head Start and the LEA combine resources to purchase or rent a building.
- Home-based Head Start programs provide the bi-weekly socialization/group in the local school district's EC:EEN classroom to provide social interaction for all children.

See the Appendices for an example: Inclusion Model: Little Learners Head Start and Merrill Area Public School.

Other Cooperative Arrangements

Other local service arrangements may include options appropriate to community needs. They may include:

- Cooperative arrangements to provide support services, such as appropriate health and nutrition services.
- Establishment of and/or participation in a community early childhood coordinating council.
- Cooperative arrangements to transport children.
- Development of a transition plan that includes the Birth-3 program as well as LEA.
- Observation visits in other agencies.

Counting And Reporting

LEA Child Count:

A child with a disability and need for special education and related services enrolled in Head Start shall be counted by the LEA for the IDEA December 1 child count only when the child has an IEP and is receiving a free appropriate public education (FAPE) directly or under supervision by the LEA.

Head Start Child Count:

To meet Head Start's ten percent disability enrollment, Head Start may count children found to have a disability and need for special education based on a LEA evaluation and eligibility under Part B or based on a Head Start evaluation and eligibility under Head Start regulations.

Reporting:

Children may be counted by both the LEA and Head Start without the counts being considered a duplicate count, since the data is used by two separate federal agencies for different purposes.

According to Head Start regulations, Head Start programs need to commit to reporting the number of children with disabilities receiving services under LEA IEPs to the LEA by December 1. However, if the LEA has been involved in the evaluation, IEP process, and delivery of special education, LEAs should already have this count and a formal reporting should not need to occur.

PRACTICAL APPLICATIONS

Head Start As An Appropriate Placement

There are a number of factors which enter into the decision of whether to utilize Head Start as a placement for a child with a disability. Specific and practical areas for consideration of Head Start as an appropriate placement include:

- Does the child meet the Head Start enrollment criteria with regard to family income?
- Is the child already being served by a Head Start program? If not, can Head Start enroll the child in a timely manner?
- Is the child at least three years old by the date used to determine eligibility for public school in the community? (In Wisconsin, the date of entrance to kindergarten is 5 years by September 1. However, children with disabilities can begin receiving special education and related services in EC:EEN programs or Head Start on their third birthday.
- Can the child function in a Head Start classroom with a higher adult to child ratio or will the child need a smaller class size?
- Can a Head Start home visitation program meet the IEP goals and objectives or can a Head Start home visitation program supplement the LEA program for the provision of more comprehensive services?
- Is there a need for the extensive family support, parent involvement and/or social services that Head Start can provide?
- Is there a need for the comprehensive health and nutrition services that Head Start can provide?

Several specific placement considerations have been reinforced and guided by the courts for determining placement is the least restrictive environment.

1. Determine if the child can be accommodated in a regular classroom situation (of which Head Start could be considered) with supplementary aids and services. Compare the educational benefits available in this classroom placement (with supplementary aids and services) to the benefits of a special education classroom.

2. Determine the non-academic benefits to a child with a disability of being placed with children who are not disabled. The goals of the placement must not be merely academic, but should consider benefits such as language, socialization, and behavior models. The IEP should specify needs such as language development, behavior, socialization, and so forth, and then tie them to a regular education environment.

3. Determine the effect the child with the disability would have on the teacher and on the other students in the class. The impact of having that child in the regular education environment must be minimized by the development of a behavior management program if disruptive behavior is a problem

or by the use of a supports and resources if the child requires that much additional instructional time.

The IEP As A Collaborative Planning Document

Head Start and LEAs are required to develop an Individualized Education Program (IEP) for enrolled children with disabilities. Head Start programs must develop IEPs when children have not met the state's special education eligibility criteria, but are subsequently identified as having a disability under Head Start regulations through a Head Start M-Team process. The IEP structures the service delivery system for the individual child and serves to verify compliance with regulatory requirements. In the past, these documents were developed separately by the agencies serving the child with occasional coordination of efforts.

New Head Start disability regulations are a driving force behind the creation of a collaborative IEP process in which Head Start and LEA personnel will work together to develop a plan to serve children with disabilities.

For a Head Start enrolled child who is determined by the LEA as having a disability and need for special education, the IEP should reflect the needs of the child and provide services intended to reduce or alleviate this need. For the most effective collaborative planning, the IEP contains goals and objectives to be accomplished through both programs. The following steps support this collaborative process.

1. LEA Multidisciplinary Team (M-Team) evaluation, including participation of Head Start personnel and review of all Head Start information and subsequent eligibility determination;

2. Review of the M-Team evaluation results with LEA team members, Head Start personnel, and the parents;

3. Identification of the child's current level of functioning including the child's strengths and abilities as well as needs and areas of concern;

4. Development of specific long term educational goals and outcomes for the child;

5. Identification of concerns, priorities, issues and supports to meet general health/nutrition/social services/parent involvement needs and supports needed by the child/child's family;

6. Development of short term objectives directly tied to the present level(s) of performance including the services needed, service start date, performance criteria, procedures and date for evaluation.

7. Identification of which agency and personnel have the most appropriate resources and opportunities available to carry out the objectives.

8. Determine the dates for initiation and duration of services.

9. Determine the actual placement(s)/location(s) in which the child will receive services.

Head Start and EC:EEN programs are encouraged to work together to develop an IEP that will meet developmental as well as family goals. Both DPI and RAP offer technical assistance to programs in developing joint IEPs, if programs wish.

COMMONLY ASKED QUESTIONS

The following questions were generated by Head Start and school district personnel. The answers provided here are supported by current guidance from the National Head Start Bureau, and the Department of Public Instruction's interpretation of current implications for school districts.

Financial Responsibility

Q. Who is responsible for paying for the special education and related services needed by Head Start children identified as having a disability?

A. Under the Individuals with Disabilities Education Act (IDEA), the LEA is responsible for assuring the identification, evaluation and provision of a free appropriate public education for all children. This also includes those enrolled in Head Start, found to have exceptional educational needs (EENs) and thus in need of special education and related services which are mandated in the State. The LEA must assure that special education and related services are provided, but is not necessarily responsible for providing them all. IDEA stresses the role of multiple agencies and requires their maintenance of effort.

The Head Start program's responsibility is to make available directly, or in cooperation with other agencies, services in accordance with an individualized education program (IEP) for at least ten percent of enrolled children who meet the disabilities eligibility criteria. Head Start is committed to fiscal support to assure that the services needed by children with disabilities will be provided in full, either directly or by a combination of Head Start funds and other resources. The Disabilities Services Performance Standards 45 CFR 1308.4(o) describe allowable expenditures to serve children with disabilities, but do not require that Head Start programs pay for all of these services for children with disabilities.

The Head Start program is one of a number of alternative placements for special education and related services for young children with disabilities. The Head Start program's disability service plan, along with its interagency agreement with LEAs and other community resources, should contain plans for resource and cost sharing and specify responsibilities wherever possible.

To assist in the development of local interagency agreements, the statewide interagency agreement between Head Start and the Department of Public Instruction, and sample local interagency agreements are available from the Department of Public Instruction (DPI) or the Resource Access Project (RAP). See the Appendices for a

Memorandum of Understanding format.

DPI or RAP may be contacted if conflict or disputes occur as local programs work toward the development of their agreements. Head Start disability regulations require that Head Start must document its efforts and inform the Administration of Children and Families (ACF) Regional Office (*45 CFR 1308.4* (i)) when interagency agreements cannot be reached.

Evaluation

Q. When should Head Start refer a child to the LEA?

A. The Head Start disabilities coordinator must refer a child to the LEA for evaluation when they suspect the child may have a disability. For the majority of children with disabilities served in Head Start it is anticipated that the LEA will be responsible for conducting the M-Team evaluation and developing the IEP.

Q. If the LEA is evaluating a child referred from Head Start, does the LEA multidisciplinary evaluation team (M-Team) determine a disability using criteria contained in Chapter PI 11, Wis Admin code or Head Start criteria?

A. The LEA is legally required to adhere to Subchapter V of Chapter 115, Wis. Stats. and PI 11 Wis. Admin. Code when conducting an evaluation of a child with suspected exceptional educational needs. See the Appendices for side by side comparison of eligibility criteria.

Q. When the LEA is establishing the M-Team members for a child enrolled in Head Start, may Head Start representative(s) be involved and Head Start reports be utilized in the M-Team process?

A. Yes. When the child is enrolled in Head Start, it is important for Head Start staff to participate in the M-Team process and to share information regarding the child's development, previous interventions and perceived needs. Chapter 115 and PI 11 specifies the legal membership of the M-Team and indicates that the LEA has the discretion of involving other individuals in the process. In 1993, Wisconsin Act 283 amendmended Chapter 115.85(5) to allow an LEA to enter into an agreement with a Head Start program to permit Head Start employees to participate as team members in the M-Team process.

The first step of any M-Team evaluation is to examine all relevant available data concerning the child, including records of the child's previous and current education performance, health, and social behavior (PI 11.04 (3) (a) 1). When M-Team members are reviewing the records of a young child and there is data which substantiates the existence of a disability, the M-Team members can document this in their individual reports. The question of whether or not additional assessments should be completed will depend on the team's professional judgement and a determination of whether or not the evaluation materials utilized by the Head Start program met the criteria under PI 11.04 (3) (d).

Q. If the LEA M-Team determines that a child does not meet Wisconsin PI 11 eligibility criteria for special education, can the M-Team determine that the child meets Head Start disability criteria?

A. To provide for this type of collaboration when a child does not meet PI 11 eligibility criteria, the Head Start program and the LEA may enter into an interagency agreement that would specify the LEA M-Team, in collaboration with participating Head Start employees, could determine if a child meets the Head Start disability criteria.

If there is not an interagency agreement addressing collaborative determination using the Head Start disability criteria, then the Head Start program must conduct its own evaluation and make a determination of eligibility.

Q. If formal evaluation of a child by a LEA M-Team finds that the child does not meet PI 11 eligibility criteria, but is determined by appropriate diagnostician to meet the Head Start disability criteria, would the child be served by Head Start as a child with a disability and is Head Start responsible for implementing a Head Start IEP to provide special education and related services?

A. Yes. The Head Start eligibility criteria were developed to be compatible with the eligibility criteria in IDEA. Because of this basic compatibility, it is expected that the vast majority of children with disabilities served by Head Start will also be considered as having a disability and EEN when the PI 11 eligibility criteria are employed. However, if the child does not meet the PI 11 eligibility criteria, but meets the Head Start disability criteria, then a Head Start managed IEP team must propose an individualized education program for this child.

In such a case, this child would not be regarded by the LEA as entitled to FAPE and Head Start would assume principal responsibility for securing all needed service. In such cases Head Start must develop an IEP, meeting the requirements in 45 CFR Part 1308.19. Since the Head Start program will be implementing the IEP, the program must ensure that these services are, by the 1994-95 program year, provided by or under the supervision of personnel meeting state qualifications 45 CFR Part 1308.4 (k).

In effect, any child meeting state educational agency (SEA) eligibility criteria under IDEA should also be eligible under the Head Start eligibility criteria 45 CFR 1308.7- 1308.17. No further evaluation would be necessary to establish whether a disability exists under Head Start diagnostic criteria. In such cases, the multidisciplinary team indicates which of the Head Start eligibility criteria apply. This will assist Head Start in its completion of the Program Information Report (PIR).

Developing IEP's

Q. When the LEA is developing an IEP for a child with an EEN enrolled in Head Start, may a Head Start representative attend the meeting?

A. Yes. PI 11 specifies the participants in the IEP meeting and indicates that the LEA has the discretion of involving other individuals. Recent revisions to Chapter 115.85(5) allow a LEA to enter into an agreement with a Head Start program to allow Head Start employees to participate as team members in the IEP process. Head Start rules indicate that the Head Start representative should play a prominent role in the IEP process and in delivering services for these children. Therefore, it is important that Head Start representative(s) participate in the IEP meeting to provide information regarding the child and the Head Start program's ability to implement the IEP.

The LEA should never unilaterally decide that a child with a disability is best served by Head Start alone and decline to participate in implementing the IEP or supporting its implementation.

Q. When an IEP is being developed for a child enrolled in Head Start, can both the LEA and Head Start be assigned responsibilities for implementing goals?

A. Yes. If both the LEA and Head Start are involved in the school's IEP meeting and both agree to assume responsibilities, a joint IEP can be developed. It should be noted the LEA develops an IEP strictly for special education services related to the development of the child. Head Start must address goals for the child and for the family. Some family goals may relate to the child's development and will be included in the IEP. However, in many cases Head Start may need to separately address their requirement for meeting family goals as determined in the family needs assessment.

Timelines

Q. What are the timelines for implementing screening, evaluation, and IEP processes?

A. There are two different sets of timelines that must be taken into consideration for the LEA evaluation of Head Start children with suspected disabilities. Head Start has timelines related to screening and evaluation; the LEA has timelines for the steps related to referral, evaluation and placement.

Head Start programs have the following timelines:

* "health and developmental screening of all Head Start children by 45 calendar days after the start of program services in the fall, or for children who enroll after programs services have begun by 45 calendar days after the child enters the program", 45 CFR Part 1308.6(b)(1),
* "referral of a child starting as early as the child's third birthday enrolled in Head Start to the LEA for evaluation as soon as the need is evident", 45 CFR Part 1308.6(e)(1),
* "a meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services", "services must begin as soon as possible after the development of the IEP", 45 CFR Part 1308.19(i),
* "if a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance", 45 CFR Part 1308.19(k).

According to PI II Adm. Code, local education agencies have the following timelines:

* the IEP meeting shall be held within 30 days after a M-Team report is approved, and
* The LEA must send a copy of a child's placement offer to the parent within 90 days of the date the LEA received a referral for a multidisciplinary evaluation or initiated a reevaluation. See the appendices for Department of Public Instruction timelines.

Q. What does a Head Start do about programming if the LEA does not follow the required times or extensions are made?

A. In order to provide necessary services for a child with a suspected disability, Head Start may start the evaluation process that leads to the development of an IEP, if the LEA does not meet the required timelines. It is important to note that the LEA evaluation process requires that once the determination of an EEN has been made, the LEA must make a placement offer no later than 90 days following the date of receipt of referral unless an extension is granted by the parent or DPI. Failure of the LEA to meet required timelines can result in the filing of a formal complaint with the DPI, and a finding of non-compliance.

To support Head Start and LEA partnerships which meet the timeline requirements for serving children with disabilities, the interagency agreement between Head Start and an LEA should specify any timelines for steps in the referral/evaluation/IEP process. If timeline issues cannot be resolved locally, the Department of Public Instruction and the Resource Access Project may be of assistance in defining requirements for timelines.

Procedural Safeguards

Q. Who is responsible for implementing procedural safeguards to ensure that the rights of children with disabilities and their parents are protected?

A. Under IDEA, and Subchapter V of Chapter 115 the LEA must assure that every resident child with a disability between 3-21 year of age receives a free appropriate public education (FAPE) consistent with Part B of IDEA. The LEA is responsible for ensuring that these services are provided, but not for

providing them all. The LEA is responsible to make available services in the least restrictive environment in accordance with an IEP. Therefore, when a child meets the state special education criteria and is receiving special education and related services in accordance with a LEA IEP, procedural safeguard and parent rights issues would be handled by the LEA utilizing Part B procedural safeguards. Head Start is mandated in 45 CFR Part 1308.21(6) to inform parents of their rights under IDEA.

Q. When is Head Start responsible for developing an IEP?

A. If an LEA multidisciplinary evaluation team determines that a Head Start enrolled child does not meet the state educational agency's criteria, but the child is subsequently found to meet one or more of the Head Start eligibility criteria, and needs special education and related services, then Head Start can proceed with development of its own IEP. Requirements for developing a Head Start IEP are found in 45 CFR Part 1308.

Q. What if the parent believes that their child was denied services because of an inappropriate decision made by the LEA multidisciplinary team?

A. Prior to and throughout the M-Team and IEP processes, Head Start and the LEA should work together to ensure that the parent understands the respective programs criteria for determining a disability and procedural safeguards.

If the parent, at the end of the M-Team or IEP process believes that their child was denied services because of an inappropriate decision, then they should first discuss their concern with the LEA director of special education/designee. The parent may consider their right to an independent evaluation at public expense. If the issue remains unresolved at this point, the parent may exercise their right to file for a due process-ing hearing. The Head Start program or the parent may, at any time, contact the LEA and/or the Department for Public Instruction for information about parent rights and/or procedural safeguards.

Children Who Transfer

Q. When a child who is jointly enrolled in Head Start and an LEA is transferring from one LEA to another, must the receiving LEA accept the IEP of the sending LEA?

A. Yes, the LEA must accept the IEP in the same manner as an IEP of a transferring child with a disability not enrolled in Head Start or conduct a new IEP meeting. If the child is transferring from another state, then the LEA would conduct an M-Team evaluation in accordance with PI 11.04.

Head Start's Ability To Enroll Three Year Olds

Q. If a Head Start eligible child with disabilities is three years of age, and is also eligible for special education and related services under IDEA, may the Head Start program enroll that child if his/her third birthday does not occur by the cutoff date which the school uses to determine eligibility for its regular public school program?

A. For regular education programs, LEAs establish a cutoff date the child must attain to be age-eligible for enrollment. However, the Individuals with Disabilities Education Act (IDEA) requires that children with disabilities requiring special education receive a free appropriate public education beginning with a child's third birthday. Since the LEA is obligated to assure special education for these children as of their third birthday, their eligibility for public education begins on that date. These children should be considered age-eligible for Head Start as of their third birthday. This is consistent with 45 CFR 1305.4(a) which states, "To be eligible for Head Start services, a child must be at least

three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located." To enroll children in this situation, the Head Start program should acquire the evaluation team's findings which indicate that this child has a disability for which special education/ related services are needed. The following is an example:

Marcus turns three years of age on September 20. Wisconsin has established September 1 as the date by which children must be 5 years of age to be eligible for kindergarten. Wisconsin has also determined that young children with disabilities are eligible for services on their third birthday. The local Head Start has customarily accepted three year olds into its program only if they were three by September 1. Marcus does not meet this requirement. However, since the LEA has determined that Marcus does have a disability requiring special education, and he is three years of age, Marcus is eligible for public education under IDEA. Since the LEA must regard Marcus as eligible for public education, Marcus should be regarded as age-eligible for Head Start. His selection and enrollment in the Head Start program would of course be contingent upon determination of his family's income eligibility, the application of the program's selection process consistent with 45 CFR Part 1305.6, and the completion of an IEP which indicates that Head Start would be an appropriate placement for him.

The disabilities services plan must address strategies for the transition of children from programs serving infants and toddlers into Head Start. Amendments to IDEA require that a transition conference to plan for transition to a preschool program occurs at least 90 days before the child's third birthday. Head Start program should attempt to participate in these meetings for Head Start eligible children, and take an active role in helping families and other programs consider Head Start placement for children with disabilities entering preschool.

Head Start Over Income Limitation

Q. Is there any inter-relationship between the 10% over-income limitation and the mandate to have <u>at least</u> 10% of enrollment opportunities available for children with disabilities.

A. No. These are two separate requirements which do not affect each other. The Head Start Rule on Recruitment, Selection and Enrollment (Section 1305) requires a program to have a formal process for selection which must include adherence to the requirement that 10 percent of the enrollment opportunities be made available to children with disabilities. At least 90 percent of children in Head Start program must meet Head Start income eligibility guidelines. Children with disabilities whose families are over-income are counted against the 10 percent limitation on over-income children.

If a program has 10 percent of its enrollment slots already occupied by children from over-income families, then an over-income child with disabilities could not be enrolled in the program, since to do so the grantee would exceed the 10 percent limitation on services to over-income children.

However, it should be noted that the above circumstance should be unusual <u>if</u> grantees have a recruitment plan in place which actively recruits income-eligible children with previously diagnosed disabilities. This recruitment plan should include deliberate efforts to recruit children from income-eligible families transitioning from part H programs serving infants and toddlers (ages birth to 2) with disabilities.

Grantees can get an exemption from the requirement to set aside 10 percent of their enrollment opportunities for children with disabilities only if their ACF Regional Office project officer "determines, based on such supporting evidence as he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabili-

ties in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individualized Education Programs (IEP)".

Enrolling Severely Disabled Children In Head Start

Q. Are Head Start programs required to enroll any eligible Head Start child without regard to the severity of their disability?

A. The Head Start Performance Standards 45 CFR 1308.5(c) state: "A grantee must not deny placement on the basis of a disability or its severity to any child when: (1) the parents wish to enroll the child, (2) the child meets the Head Start age and income eligibility criteria, (3) Head Start is an appropriate placement according to the child's IEP, and (4) the program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities."

The appropriateness of the Head Start program as a placement for a child with a disability is determined individually, based upon a child's needs as indicated in the IEP. Head Start programs cannot establish any program policy which would exclude children with a certain type or level of disability from participating in Head Start. For children with more significant disabilities, an appropriate placement in Head Start will often require collaboration with other service providers.

If the Head Start program, does not believe that the provisions of a proposed IEP, including resources to be provided by the LEA and other community resources, will enable their program to serve as an appropriate placement for the child, the IEP committee cannot compel the program to accept the placement. In such an event the Head Start representative(s) at the IEP meeting should clearly state the reasons for Head Start's decision, and what resources, personnel, and training would be needed to enable Head Start to provide the placement. Care must be taken that such a decision is not contrary to 45 CFR 1308.5(c). The Head Start program must demonstrate efforts to remove possible barriers to enrollment, including the following as listed in 45 CFR 1308.5(d).

1) Staff attitudes and/or apprehensions;

2) Inaccessibility of facilities;

3) Need to access additional resources to serve a specific child;

4) Unfamiliarity with a disabling condition or special equipment, such as a prosthesis; and

5) Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training.

Head Start Staff Qualifications

Q. Do the Head Start Disabilities Services Performance Standards require that Head Start programs employ staff who meet state educational agency standards by the 1994-95 program year in order to serve children with disabilities?

A. 45 CFR 1308.4(K) states that the Head Start "grantee must ensure that the disabilities service plan addresses grantee efforts to meet State standards for personnel serving children with disabilities by the 1994-95 program year. Special education and related services must be provided by or under the supervision of personnel meeting State qualifications by the 1994-95 program year."

For children in Head Start who are being served under an IEP developed by an LEA, the LEA has the responsibility under IDEA to assure that the special education and related services are delivered by personnel who meet the standards required by the State. The LEA should work with the Head Start program to provide arrangements whereby such service can be provided for

children receiving their special education and related services in a Head Start placement.

In the rare cases when a child is not found to have a disability and need for special education under LEA criteria but does meet Head Start disability criteria, the Head Start program must either employ or contract certified staff. Head Start's employment of staff (full-time, part-time, or consultants) who meet the state educational agencies' requirements for providing and supervising special education and related services is an allowable expense, and must be considered in developing the disabilities service plan and projecting a budget. A Head Start program will need to consider the resources available in its community, program commitments in interagency agreements with the LEAs, and its experience in serving children with disabilities when providing staff which will enable the program to have the core capacity needed to serve children with disabilities in accordance with 45 CFR 1308.

EXCEPTIONAL EDUCATION / PUPIL SERVICES

Information UPDATE

Wisconsin Department of Public Instruction / Herbert J. Grover, State Superintendent / 125 South Webster Street / P. O. Box 7841 / Madison, WI 53707-7841

BULLETIN NO. 92.11

October 1992

TO: District Administrators, CESA Administrators, CHCEB Administrators, Directors of Special Education and Pupil Services, Special Education Program Designees, Head Start Directors, and Other Interested Parties

FROM: Juanita S. Pawlisch, Ph.D., Assistant Superintendent Division for Handicapped Children and Pupil Services

SUBJECT: Joint Agreement between the Department of Public Instruction and Wisconsin Head Start

In 1981 the Wisconsin Department of Public Instruction/Division for Handicapped Children and Pupil Services and the Wisconsin Head Start developed their first joint agreement to facilitate reciprocal activities on behalf of young children with disabilities. Over the years, this agreement has served the state well and has led to increased collaboration between local school districts and Head Start programs. This agreement has recently been revised and updated, and a copy of this updated agreement accompanies this bulletin.

The overall purpose of the updated agreement continues to be the facilitation of cooperative efforts between local school districts and Head Start programs in the provision of appropriate services in a least restrictive environment to preschool children ages 3-5 who have disabilities and exceptional educational needs. This new agreement reaffirms and builds on past cooperative efforts and offers specific collaborative strategies around child find, evaluation, individualized planning, placement alternatives, transition and additional cooperative arrangements. A policy framework is established for these efforts and issues are clarified related to a continuum of service options. This agreement provides guidelines to avoid duplication of services, and will assist local communities as they continue to improve and refine services for young children and their families.

We recommend that this agreement be utilized as the basis for renewed discussions between the local school districts and Head Start programs around cooperative efforts and updating existing interagency agreements. If collaborative efforts have not begun or there is not a written agreement, this agreement may provide an opportunity to begin discussions. This agreement can also be shared with local early childhood advisory groups as they address broader issues related to the provision of range of service options for young children and families.

The Department of Public Instruction does not discriminate on the basis of race, color, religion, sex, national origin, age, or handicap.

When beginning collaborative efforts and developing new agreements, it is important to recognize that building a relationship with another agency is vital before a comprehensive agreement can be reached. Relationship and agreement building are an evolutionary process that usually progresses through various development stages. The process of agreement building may in fact be more important than the final product. First attempts may begin with just one of the areas addressed in the accompanying agreement. Other areas may be added as parents and personnel from both agencies reach consensus on what works best for preschoolers in their community.

We strongly believe that this collaboration will assist school districts and Head Start programs in increasing effective coordination of services to young children with disabilities. Technical assistance related to the development of local agreements is available from the Division for Handicapped Children and Pupil Services. Questions regarding this bulletin may be directed to Mr. Kenneth Brittingham, Director, Bureau for Exceptional Children, 125 South Webster Street, P.O. Box 7851, Madison, WI 53707-7851, (608) 266-1781, or TDD (608) 267-2427.

Attachments

JOINT STATEMENT OF AGREEMENT
BETWEEN
THE WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
AND THE
ADMINISTRATION FOR CHILDREN AND FAMILIES,
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
REPRESENTING HEAD START AGENCIES IN WISCONSIN

I. PARTIES TO THE AGREEMENT

This joint statement of agreement is between the Wisconsin Department of Public Instruction (DPI) the state education agency (SEA) and the Administration for Children and Families (ACF) Region V, representing Head Start agencies in Wisconsin. It affects the staff of the respective agencies, as well as local education agencies (LEAs), cooperative educational service agencies (CESAs), county handicapped children's education boards (CHCEBs), and Head Start grantee agencies, which may include community action programs, private (not-for-profit) agencies, Native American tribes, school districts, universities, or other governmental agencies.

The Division for Handicapped Children and Pupil Services (DHCPS) within the DPI, is responsible for statewide leadership, program development, coordination and supervision of LEAs with respect to services for children with exceptional educational needs. ACF has responsibility for supervision of grants administration and compliance with federal standards by local Head Start grantees. Both LEA Early Childhood: Exceptional Educational Needs (EC:EEN) programs and Head Start serve children ages three through five. The EC:EEN programs serve children who need special education services because of documented disabilities defined as; cognitive disabilities (mental retardation), learning disabilities, physical handicaps or other health impairments, emotional disturbance, speech/language handicaps, vision handicaps or hearing handicaps. Head Start legislation includes the disability categories listed above, however the criteria are somewhat different than those found in Chapter PI 11 of the Wisconsin Administrative Code used by LEAs.

II. PURPOSE OF THE AGREEMENT

The overall purpose of this agreement is to facilitate cooperative efforts between public school districts and Head Start programs in providing appropriate services in a least restrictive environment to preschool children, ages 3-5, who have disabilities and exceptional educational needs. It provides a policy framework for cooperative efforts and seeks to clarify issues relating to those ef-

forts. It recognizes the need for cooperative planning between schools and Head Start in order to provide the service options for preschool children with EENs.

This agreement is a revision of DPI Information Update Bulletin #81-2, Joint Statement of Agreement Between DPI/DHC and Head Start, which established the framework for cooperative efforts first outlined in DPI Information Update Bulletin #78-14, Cooperation Between Public School Agencies and Head Start in Wisconsin Relating To Young Handicapped Children. It reflects current policies and procedures for promoting collaboration between the signatories and between LEAs and Head Start programs in Wisconsin in the provision of services to young children with disabilities.

Nothing in this agreement precludes the inclusion of other appropriate community service providers in the development of collaborative services. LEAs and Head Start programs are encouraged to develop more specific agreements which define areas of cooperation appropriate to their local communities. Training and technical assistance is available from DPI or the Head Start Resource Access Project to assist LEAs and Head Start programs in developing and implementing local agreements.

Wisconsin school districts are mandated to locate, identify, and evaluate children who have EEN per Subchapter V, Chapter 115 of the Wisconsin Statutes and the Individuals with Disabilities Education Act. Head Start agencies are mandated to locate and provide services to children from low income families, according to federal poverty guidelines, although 10% of enrollment may be over-income. At least 10% of Head Start enrollment must be children who have identified disabilities (P.L. 97-35 as amended).

In considering Head Start as a program alternative for preschool children with EEN, income eligibility and enrollment limits of Head Start must be taken into consideration early in the process to determine program availability.

III. IMPLEMENTATION

A. CHILD FIND

LEAs are mandated to locate, identify, and evaluate children with disabilities within their attendance areas. Federal standards require Head Start programs to make sure all enrolled children in Head Start receive developmental, health and sensory screening. Local districts should recognize Head Start as part of an informed Child Find referral network. A LEA's informed referral network, a formal system of communication, identifies and coordinates with local service providers

of young children with disabilities. Each agency should establish liaisons to facilitate communication which should include, the exchange of information related to the respective programs' criteria used in determining whether a disability or EEN exists and coordination of referrals for children who meet these criteria.

Other Child Find activities could include:

- o The timely referral and placement of children from Head Start to the LEA, and the LEA to Head Start. This would involve the establishment of cooperative referral and enrollment processes, with the LEA following mandated referral and placement timelines and Head Start giving priority within their selection priorities to eligible children who are referred from the LEA.
- o Cooperative completion of LEA referral forms to facilitate the referral and evaluation process.
- o Establishment of a local cooperative screening process which includes maintenance of an informed referral network.
- o Development of a joint reporting system in which Head Start would provide the LEA with numbers of Head Start children with disabilities who will transition into the LEA following their Head Start experience.

B. EVALUATION

Procedures for referral of children with suspected EEN for evaluation by a multidisciplinary team (M-team) should be mutually agreed upon. Procedures must meet the standards of Chapter PI 11, Wis. Admin. Code and Head Start regulations, including the confidentiality and due process requirements of each program. Procedures may include the following:

- o Head Start and LEA staff exchange of information related to their respective criteria used for determining a disability or EEN. This is important as there are differences in each program's eligibility criteria per regulations governing each agency.
- o Transmittal of relevant information from Head Start to the LEA, with written parental consent, when referring an enrolled child for evaluation.
- o LEA utilization of Head Start assessment information in the M-team process, if assessments by qualified Head Start staff and/or consultants are current. Utilization of assessment information by the LEA can avoid unnecessary duplication of effort. Members of the M-team should use their professional judgement to decide if it is necessary to complete additional assessments. When an M-team member accepts the findings from a previous report, that M-team member's

report should cite specific items from the previous report and indicate how they are consistent with his or her own documented observations of the child.
- o With parental consent, Head Start staff participation in the M-team and IEP process to enable the exchange of information.
- o LEA and Head Start staff agreement to utilize the same developmental assessment tools to facilitate the evaluation process.

C. INDIVIDUALIZED PLANNING GOALS AND OBJECTIVES

LEAs are required to develop an individualized education program (IEP) for each child with an exceptional educational need. Head Start programs are required to develop individual education plans (IEP) representing all areas of comprehensive programming for children with diagnosed disabilities. Each of these plans delineate the child's present level of functioning, the goals and objectives to be addressed, and the services that the child will receive.

Cooperative development of IEPs between each agency can ensure that children receive services which meet their individual needs. Methods to be used can include the following:

- o LEA staff attendance at a Head Start IEP meeting for a Head Start eligible child with a disability.
- o Head Start staff attendance at an LEA IEP meeting when the EEN eligible child is being referred or is enrolled in Head Start.
- o LEA and Head Start coordination of goals and objectives identified in each IEP when shared programming will occur. Each program will assume its identified responsibility for implementing goals and objectives.
- o LEA and Head Start staff joint review of the child's progress toward identified goals.

D. PLACEMENT ALTERNATIVES

LEA operated preschool special education programs and Head Start programs are both legal and viable program alternatives among a range of options for preschool children with EENs. Head Start can be a possible placement for individual preschool children whose developmental needs require an experience in a normalizing environment with their non-disabled peers. Parents should be informed of possible programming alternatives which may include Head Start. Parental input must be considered, as preschool age children are not included in mandatory attendance legislation. In addition, the following points should be kept in mind when considering program options.

- When Head Start is one of the placement alternatives for a child, Head Start staff should participate with the IEP Committee and the placement group in reviewing the child's needs and the ability of each program to meet those needs.
- When a child with an EEN is placed in Head Start, the LEA must make provisions for special education programming and related services required by the IEP. EEN services may be delivered at the Head Start site by permanently placed or itinerant staff of the school district. Services may include, among others; EC:EEN programming, speech/language programming, hearing impaired programming, vision impaired programming, and related services, such as occupational or physical therapy, psychological services or others as specified in the IEP.
- A child may be enrolled in both an EC:EEN program and a Head Start classroom or Home Visitation program, spending time in each program.

IV. TRANSITION

LEAs and Head Start programs should develop an overall plan to facilitate the smooth transition of children from Head Start to school or from an LEA preschool special education class to Head Start. The plan should include these basic elements:

- A system of communication for sharing relevant information about each child who is transitioning with parental permission.
- A system for preparing the child for transition which could include site visits or other transition activities.
- A method for assisting and involving the parents of each child with the transition and providing them with essential information regarding their role in the process.
- Inclusion of the sending agency staff and use of shared information in evaluation for EEN, developing IEPs and in considering placement options.
- A system for transfer of individual records that protects confidentiality.
- Scheduled conferences regarding progress of individual children.

V. OTHER COOPERATIVE ARRANGEMENTS

Other local service arrangements may include options appropriate to community needs. They may include:

- Arrangement for facilities to be shared by Head Start and EC:EEN programs to enable participation by children in integrated activities. Staff of both programs may

designate responsibility for those to be performed separately.

- o Cooperative arrangements to provide support services, such as transportation, appropriate health and nutrition services, and parent support services.
- o Joint visits to parents' homes by staff from both programs when children are enrolled in both programs.
- o Cooperatively sponsored parent support groups and/or training workshops.
- o Cooperatively sponsored or jointly attended staff training activities.
- o Establishment of and/or participation in a community early childhood coordinating council.

VI. COUNTING AND REPORTING

Children enrolled in Head Start with service provided by the LEA under an IEP shall be reported by the LEA for inclusion in the federal child count and by Head Start in the Head Start Program Information Report. This does not constitute a duplicate count, as the data are used by two separate federal agencies for different purposes.

VII. REVIEW AND DISSEMINATION

This agreement will be reviewed periodically by representatives of the Wisconsin Department of Public Instruction and the federal Region V, Administration for Children and Families, with recommendations for necessary changes to accommodate changing circumstances.

The Wisconsin Department of Public Instruction and the Region V, Administration for Children and Families will be responsible for dissemination of this agreement to local school districts and Head Start grantees respectively. The agreement will be effective immediately upon joint signature.

Wisconsin Department of Public Instruction

Herbert J. Grover
State Superintendent

September 2, 1992
Date

Administration for Children and Families, U.S. Dept. of Health and Human Services

Marion N. Steffy
Regional Administrator

9/9/92
Date

MEMORANDUM OF UNDERSTANDING

BETWEEN

_____ SCHOOL DISTRICT

AND

_____ HEAD START PROGRAM

This Agreement is between (School District name) and (Head Start Program name) for the period of (date) to (date).

I. Purpose Statement

The purpose of this Agreement is to establish working procedures between (School District Name) and (Head Start Program name) in the provision of services to preschool children eligible for special education in compliance with Federal and State laws and regulations.

It is the intent of this Agreement to:

1. Define which service will be provided by each Agency.

2. Ensure that children eligible for preschool special education services receive a free appropriate public education, as required by law, in the least restrictive environment.

3. Ensure that each Agency cooperatively maintains communication and shares leadership responsibilities at the local level to ensure that available resources are utilized in the most effective manner.

4. Ensure that cooperative arrangements between (School District Name) and (Head Start Program Name) are developed, implemented, and preserved.

This Agreement applies only to preschool children three years old to kindergarten who are eligible for special education services.

Reprinted and adapted with permission from Themes & Issues - Head Start/Lea Cooperation - Why?, Arizona Department of Education - Special Education, 1993.

II. Program Mandates

Responsibility of School District

1. Provide services to preschool children with disabilities following the Individuals with Disabilities Education Act and Subchapter V, Chapter 115 Wis states and Chapter PI 11 Wis. Adm. code.

2. Provide preschool children with disabilities a free appropriate public education (FAPE) including the development and implementation of an Individualized Education Program (IEP), procedural safeguards and the provision of related services.

3. Place preschool children with disabilities in the least restrictive environment with an opportunity to interact with non-disabled peers to the maximum extent appropriate.

4. Work with appropriate community agencies to provide services to preschool children with disabilities.

Responsibility of Head Start Program

1. Recruit, enroll and serve eligible children ages 3-5. Make available at least 10 percent of enrollment opportunities in Head Start for children with disabilities who are eligible to participate.

2. Screen all enrolled children for potential problems in the areas of health and development.

3. As soon as the need is evident, refer children with suspected educational needs for a multidisciplinary evaluation.

4. Provide services to enrolled children with disabilities following the Head Start Performance Standards on Services to Children with Disabilities (45 CFR 1308).

5. Work closely with other community agencies in providing necessary services to children with disabilities.

III. Program Description

1. _____ School District (general identifying information including names and addresses of schools in the District required to provide services to preschool children with disabilities).

2. _____ Head Start Program (general identifying information to include names and addresses of centers located within the School District and the number of children served).

IV. Service Implementation

1. Child Find/Screening

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

2. Referral for Evaluation

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

3. Comprehensive Evaluation

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

4. Individualized Education Program Development

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

5. Placement

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

6. Specific Program Service Delivery (to include transportation, therapy, and special educational resource)

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

7. Procedures for Hiring and Supervising Staff Providing Special Services

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

8. Procedures for Review/Monitoring Child's Progress

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

V. Confidentiality

_____ School District and _____ Head Start Program shall follow the requirements outlined in the Family Education Right to Privacy Act (FERPA).

VI. Training and Technical Assistance

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

VII. Counting and Reporting With Children

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

VIII. Transition Activities

_____ School District will:

a.
b.
c.

_____ Head Start will:

a.
b.
c.

IX. Termination/Review

This Memorandum of Understanding will be reviewed and revised by (Program Title) and (Program Title) on an as needed basis or at least once annually. This Agreement may be terminated by either party upon thirty (30) days written notice.

Name, Title	Name, Title
Date	Date
Name, Title	Name, Title
Date	Date

ELIGIBILITY REQUIREMENTS
HEAD START AND WISCONSIN SPECIAL EDUCATION

Criteria Comparison Chart

Head Start eligibility criteria were revised in 1993. They are compatible with the Individuals with Disabilities Education Act (IDEA) which provides a framework for State Education Agency criteria and were revised in this way to minimize confusion for both parent and agencies and to foster collaboration.

On the following pages is a side by side comparison of these requirements. This comparison is intended to highlight similarities and slight variations in the two sets of regulations. Abbreviated definitions of some disabilities are shown here.

* The order of criteria in this comparison chart follows the sequence in the Head Start Disability Regulations (45 CFR Part 1308). For the complete list of state diagnostic criteria see PI 11. For a complete set of Head Start eligibility criteria and guidance see 45 CFR Part 1308.

** With the passage in 1993 of Wisconsin Act 14, the addition of several categories to Wisconsin Statute 115 brought Wisconsin into conformity with (IDEA) eligibility requirements. State administrative rules are in the process of being developed. Until these definitions are approved, IDEA definitions are to be utilized.

*ELIGIBILITY CRITERIA

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.7 Health Impairments a) A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning. b) The health impairment classification may include, but is not limited to, cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and attention deficit disorder c) This category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.	**IDEA Definition (**PI 11 rule in development)** "Other health impairments" means having limited strength, vitality or alertness, due to chronic or acute health problems such as heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that adversely affects a child's educational performance.
d) A child may be classified as having an attention deficit disorder under this category who has chronic and pervasive developmentally inappropriate inattention, hyperactivity, or impulsivity. To be considered a disorder, this behavior must affect the child's functioning severely. To avoid overuse of this category, grantees are cautioned to assure that only the enrolled children who most severely manifest this behavior must be classified in this category.	

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.8 Emotional/Behavioral Disorders a) An emotional/behavioral disorder is a condition in which a child's behavioral or emotional responses are so different from those of the generally accepted, age-appropriate norms of children with the same ethnic or cultural background as to result in significant impairment in social relationships, self-care, educational progress or classroom behavior. A child is classified as having an emotional/behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention: 1) Seriously delayed social development including an inability to build or maintain satisfactory (age appropriate) interpersonal relationships with peers or adults (e.g., avoids playing with peers); 2) Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, non-communicative); 3) A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for reassurance); or 4) Has a professional diagnosis of serious emotional disturbance.	**PI 11.35(g) Emotional Disturbance** 2. Emotional disturbance is characterized by emotional, social and behavioral functioning that significantly interferes with the child's total educational program and development including the acquisition or production, or both, of appropriate academic skills, social interactions, interpersonal relationships or intrapersonal adjustment. 3. All children may experience situational anxiety, stress and conflict or demonstrate deviant behaviors at various times and to varying degrees. However, the handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic or frequent and are manifested in 2 or more of the child's social systems, e.g., school, home or community. The M-Team shall determine the handicapping condition of emotional disturbance and further shall determine if the handicapping condition requires special education. The following behaviors, among others, may be indicative of emotional disturbance: a. An inability to develop or maintain satisfactory interpersonal relationships. b. Inappropriate affective or behavior response to what is considered a normal situational condition. c. A general pervasive mood of unhappiness, depression or state of anxiety. d. A tendency to develop physical symptoms, pains or fears associated with personal or school problems. e. A profound disorder in communication or socially responsive

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
(continued) Guidance: Suggested primary members of a Head Start Evaluation Team for Emotional/Behavioral Disorders: psychologist, psychiatrist or other clinically trained and State qualified mental health professionals; pediatrician	(continued) f. An inability to learn that cannot be explained by intellectual, sensory or health factors. g. Extreme withdrawal from social interaction or aggressiveness over an extended period of time. h. Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varied from children of similar age, ability, educational experiences and opportunities, and adversely affects the child or others in regular or special education programs.

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.9 Speech and Language Impairments a) A speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's learning. b) A child is classified as having a speech or language impairment whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention. c) A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including word meanings (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions of conversation (pragmatics). d) A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch or quality of voice (voicing), or the rhythm of speech (fluency). Suggested primary members of a Head Start Evaluation Team for Speech or Language Impairment: Speech Pathologist Language Pathologist Audiologist	**PI 11.355 (2)(e) Speech and Language Handicaps** 1. Speech and language handicaps are characterized by a delay or deviance in the acquisition of prelinquistic skills, or receptive skills or expressive skills or both of oral communication. The handicapping condition does not include speech and language problems resulting from differences in paucity of or isolation from appropriate models. a. Special consideration include: i. Elective or selective mutism or school phobia shall not be included except in cooperation with programming for the emotionally disturbed. ii. Documentation of a physical disability resulting in a voice problem, e.g. nodules, cleft palate, etc., or an expressive motor problem, e.g. cerebral palsy, dysarthria, etc., shall not require the determination of a handicapping condition in speech and language.

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.10 Mental Retardation A child is classified as mentally retarded who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication and play. Guidance: a) Evaluation instruments with age-appropriate norms should be used. These should be administered and interpreted by professionals sensitive to racial, ethnic and linguistic differences. The diagnosticians must be aware of sensory or perceptual impairments that the child may have (e.g., a child who is visually impaired should not be tested with instruments that rely heavily on visual information as this could produce a depressed score from which erroneous diagnostic conclusions might be drawn). Suggested primary members of a Head Start Evaluation Team for Mental Retardation: Psychologist Pediatrician	**PI 11.35 (2)(a) Cognitive Disability/Mental Retardation** Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficiencies in adaptive behavior manifested during the developmental period. (AAMD definition--Grosman, 1973). (Standard deviation (S.D.) is used to signify variability from the mean. The mean is an average of the scores in a set; the standard deviation is an average of how distant the individual scores in a distribution are removed from the mean.) I. Measured intelligence Mild -2 to -3 S.D. Moderate -3 to -4 S.D. Severe -4 to -5 S.D. Profound -6 S.D. II. Adaptive functioning A child is determined to be in the lower 2% of his or her age group on formal/informal criterions, scales and data in his or her ability to interact with others, manipulate objects and tools, move about in the environment and otherwise meet the demands and expectancies of the general society and environment. III. Academic functioning Age 3-5, 1.5 years behind on normative language, perception and motor development criterion.

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.11 Hearing Impairment a) A child is classified as deaf is a hearing impairment exits which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing who has a permanent or fluctuating hearing impairment which adversely affects learning; or b) Meets the legal criteria for being hard of hearing established by the State of residence. c) Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more.	**PI 11.355 (2)(d) Hearing Handicapped** 1. An auditory handicap is determined by medical (otologic) and audiologic evaluations. Examination shall be done by a physician specializing in diseases of the ear and evaluation by a certified clinical audiologist. The loss in hearing acuity affects the normal development of language and is a medically irreversible condition for which all medical interventions have been attempted. The hearing loss affects a child in varying degrees, depending on the time the loss was sustained. a. The hard of hearing child mans a child who, with a hearing aid, can develop a language system adequate to successful achievement and social growth. Audiological assessment should indicate at least a 30 db loss in the better ear in the speech range. Difficultly in understanding conversational speech as it takes place in a group necessitates special considerations. b. Severely handicapped hearing child means a child who, with or without a hearing aid is unable to interpret adequately aural/oral communication. Audiological assessment indicates a minimum loss of 70 db in the better ear. Inability to discriminate all consonants and other difficulties appear as the loss becomes greater.

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.12 Orthopedic a) A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect a child's learning. An orthopedic impairment involves muscles, bones, or joints and is characterized by impaired ability to maneuver in educational or non-educational settings, to perform fine or gross motor activities, or to perform self-help skills and by adversely affected educational performance. b) An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contracture caused by burns, arthritis, or muscular dystrophy.	**IDEA Definition (** PI 11 rule on physical handicapped being revised)** A orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some members, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contracture).

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.13 Visual Impairment A child is classified as visually impaired when visual impairment, with correction, adversely affects a child's learning. The term includes both blind and partially seeing children. a) A child is classified as visually impaired when visual impairment, with correction, adversely affects a child's learning. The term includes both blind and partially seeing children. A child is visually impaired if: 1) The vision loss meets the definition of legal blindness in the State of residence; or 2) Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees. b) A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.	**PI 11.35 (2)(c) Visually Impaired** A visual handicap is determined by functional visual efficiency including visual fields, ocular motility, binocular vision and accommodation. A visual handicap is determined by medical examination, e.g., by an ophthalmologist or optometrist. 1. Visual fields. a. Moderately visually handicapped means distance visual measurements of 20/70 and 20/200 in the better eye after correction. Near vision measurements of 14/56. e.g., Jaeger 10, or near vision equivalents. b. Severely visually handicapped means distance visual measurements of 20/200 to 20/400 in the better eye after correction. Near vision measurements of 14/140, e.g., or near vision equivalents. c. Profoundly visually handicapped means: i. Distance visual measurements are 20/500 or less in the better eye after correction ii. HM - the ability to perceive hand iii. PLL - perceives and localizes light in one or more quadrants. d. Totally blind means: i. LP-perceives but does not localize light. ii. No LP - no light perception. e. Peripheral field and central vision loss means peripheral field so contracted that the widest diameter of such field subtends and angular distance no greater than 50 degrees. 2. Ocular motility means loss of vision efficiency in either eye, due to double or binocular vision. 3. Lack of binocular vision means the inability to use the 2 eyes simultaneously to focus on the same object and to fuse the two images into a single image. 4. Lack of accommodation means the inability of the eye to hold a steady fixation

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.14 Learning Disabilities a) A child is classified as having a learning disability who has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak or, for preschool age children, acquire the precursor skills for reading, writing, spelling or doing mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, and aphasia. c) This definition for learning disabilities applies to four and five year old children in Head Start. It may be used at a program's discretion for children younger than four or when a three year old child is referred with a professional diagnosis of learning disability. But because of the difficulty of diagnosing learning disabilities for three year olds, when Head Start is responsible for the evaluation it is not a requirement to use this category for three year olds.	**PI 11.35 (2)(f) Learning Disabilities** 1. The handicapping condition of learning disabilities denotes severe and unique learning problems due to a disorder existing within the child which significantly interferes with the ability to acquire, organize or repress information. These problems are manifested in school functioning in an impaired ability to read, write, spell or arithmetically reason or calculate. 2. Criteria for identification. The child shall meet the criteria in subd.2. a. and b. to be considered as having the handicapping condition of learning disabilities. (Note for the purposes of this comparison only those criteria items relating to young children are included. For the complete criteria and formulas refer to PI 11.) a. Academic functioning. A child whose primary handicapping condition is due to learning disabilities shall exhibit a significant discrepancy between functional achievement and expected achievement. A significant discrepancy is defined as functional achievement at or below 50% (.5) of expected achievement. i. The child when first identified, shall have a significant discrepancy in functional achievement in 2 or more of the readiness or basic skill areas of math, reading, spelling and written language. To determine a significant discrepancy in the readiness areas the M-Team shall consider the child's receptive and expressive language and fine motor functioning.... b. Intellectual functioning. Children whose primary handicapping condition is due to learning disabilities shall exhibit normal or

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
	(continued) i. this measure of intellectual functioning may be established by a score above a minus one standard deviation on a single score intelligence instrument, or by a verbal instrument. 3. Learning problems, when primarily due to the following, shall be excluded from consideration as learning disabilities: a. The handicapping conditions specified in s. 115.76 (3), Stats. b. Learning problem resulting from extended absence, continuous inadequate instruction, curriculum planning, or instructional strategies. c. Discrepancies between ability and school achievement due to motivation. d. Functioning at grade level but with potential for greater achievement.
1308.15 Autism A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before age three and that adversely affects educational performance.	**IDEA Definition (**PI 11 rules in development)** Autism means a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three, that adversely affects educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not include children with characteristics of the disability serious emotional disturbance, as defined in paragraph (b)(9) of this section.

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.16 Traumatic Brain Injury A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical force, or by an internal occurrence such as stroke or aneurysm, with resulting impairments that adversely affect educational performance. The term includes children with open or closed head injuries, but does not include children with brain injuries that are congenital or degenerative or caused by birth trauma.	**IDEA Definition (**PI 11 rules in development)** Traumatic brain injury means an acquired injury caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairment in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not include brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
1308.17 (e) Other Impairments b) If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are "preschool disabled," "in need of special education," "educationally disabled," and "non-categorically disabled." c) Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, and who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.	There are currently no additional categories in Wisconsin.
d) Children classified as deaf-blind, whose concomitant hearing and vidual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services under this category.	Wisconsin utilizes IDEA definition. There are no PI-11 rules.

Head Start 45 CFR Part 1308 Health Service Performance Standards	PI 11, Wis. Adm. Code
e) Children who are classified as having multiple disabilities whose concomitant impairments (such as mental retardation and blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for recordkeeping purposes.	**PI 11.35 (h) Multiple Handicapped** A multiple handicapped child is one who has 2 or more handicapping conditions leading to EEN which may require programming considerations and are determined by an M-Team composed of specialists trained, certified and experienced in the teaching of children with the EEN.

Questions and Answers Related To The M-Team Process For Preschoolers With Exceptional Educational Needs

by

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Does the State of Wisconsin have specific criteria for placement of children in Early Childhood: Exceptional Needs (EC:EEN) programs?

The state has no criteria for placement in any specific special education program, nor can it. The state's criteria are for the determination of handicapping conditions. To be eligible for special education, a child must have a handicapping condition and a need for special education. If both are true, then the child is a child with exceptional educational needs (EEN) and is eligible for special education. The specific placement for each child is to be individually determined based on the child's individualized education program (IEP).

Based upon recent questions of this nature from the field, it would appear that there is some misconception regarding programming for three-to five-year old children and Early Childhood: Exceptional Educational Needs (EC:EEN) programs. Thus, there needs to be the initial recognition and understanding that EC:EEN is <u>not</u> a handicapping condition, but a program placement/delivery option which school districts may elect to operate to serve identified handicapped children, ages three to five, who meet criteria for one or more of the handicapping conditions enumerated in PI 11.35, Wis. Admin. Code. There is no EC:EEN criteria per se. Consequently, under current state rules, a child, three to five years of age, may <u>only</u> be placed in an EC:EEN program (class) when s/he meets criteria for one or more of the handicapping conditions, i.e., cognitive disability, learning disabilities, emotional disturbance, physical handicap, speech/language handicap, visual handicap, or hearing handicap. If, however, a child does <u>not</u> meet the criteria for one or more of these handicapping conditions, the child is not a child with exceptional educational needs (EEN) and is not eligible for placement in an EC:EEN program or a categorical program.

Can a district utilize local guidelines to assist staff in determining the impact of a handicap upon a preschooler's development?

While it is recognized that some districts utilize guidelines to determine the extent to which a handicap interferes with a preschooler's ability to function on a developmental level commensurate with his/her peers, and that this process may be helpful in determining whether or not the child needs special education, it should not be confused with the Multidisciplinary Team's (M-Team's) responsibility for documenting the existence of a handicapping condition per PI 11.35, Wis. Admin. Code, and may not dictate placement. The needs of the child, as reflected in the IEP, shall dictate placement.

What constitutes an appropriate developmental assessment for a preschooler?

A developmental history is compiled by reviewing the child's past records and interviewing the parents. This type of information can often point to "patterns" of delays or disorders over a period of time. It is also important to study any profiles from previous interventions, including test scores which were obtained prior to those interventions. This review helps the team generate a set of assessment questions to determine the nature and extent of the disability. The assessment process becomes a fact-finding mission that includes an analysis of all aspects of a child's past and present performance, to answer the question, "What exactly is the problem and how severe is it?" Even when documentation exits that an impairment is present, the team needs to determine if it significantly interferes with the preschooler's ability to operate on a developmental level commensurate with his/her peers. To do this, instruments which adequately address all areas of development must be utilized. The areas of development most commonly assessed in young children are:

Cognition: the ability to remember and make sense out of one's experience. Cognitive ability is the ability to think and is often thought of in terms of intelligence.

Communication: the ability to effectively use and understand age-appropriate language, including vocabulary, grammar, and speech sounds.

Fine motor: the ability to use and control the small muscles of the body, particularly the small muscles in the arms and hands that allow performance of increasingly complicated tasks.

Gross motor: the ability to use and control the large muscles used in standing, walking, balancing, and climbing.

Social/emotional: the ability to develop and maintain functional interpersonal relationships and to exhibit age-appropriate social and emotional behaviors.

Adaptive/self-help skills: the ability to become increasingly independent in taking care of feeding, dressing, toileting, and other personal needs.

All areas of development including vision and hearing, must be looked at to get a clear picture of the child's strengths and weaknesses.

Last, but not least, the team should observe the preschooler in the child's own home environment, with the child's personal toys and among family members.

Can an EC:EEN teacher serve as the primary teacher on an M-Team for a preschooler?

Since EC:EEN teachers have been trained to assess and program for the young exceptional child as stated in Wisconsin Administrative Code PI 3.03, the DHCPS will continue to support the role of the EC:EEN teacher as a primary member of the preschooler's M-Team.

Evaluators of young children must be sensitive to the rapid changes that occur during the early years of life and possess a special alertness to, and a working knowledge of, the many normal stages and phases that a young child moves through. Without this insight into the natural sequence of development, it is difficult to sort out what is normal and what is not.

Since preschooler's with disabilities often have related problems across the developmental domains, an accurate determination of the young child's level of functioning in all areas of development is necessary to uncover the scope of his/her delays and deficits as well as his/her strengths. This type of developmental assessment, which the EC:EEN teacher has been trained to conduct along with a developmental history, can reveal "patterns" of delays or irregularities in development. An evaluation of this nature helps the M-Team document the degree to which the child's handicap is affecting his/her ability to function and participate in daily activities and profiles the child's competencies which provide focal points for affirmative programming.

Can a preschooler with a speech and language handicap be placed in an EC:EEN program?

Depending upon the IEP, a three- to five-year-old child identified as speech and language handicapped may be placed in an EC:EEN program and/or in a speech and language program.

Children who have significant language impairments often exhibit delays in other areas as well. While children with this type of profile may be identified under the speech and language handicap, their placements are dependent upon their unique needs as outlined in their IEPs.

Due to the interrelationships across the domains of development, the IEP addresses all the needs of the young child with exceptional educational needs in the developmental areas which have been significantly affected by the child's handicap.

What kinds of evaluations should a school district conduct when an EEN child is referred from a B-3 early intervention program with records that include recent test scores?

A full developmental evaluation by LEA staff could result in a duplication of effort, if the testing completed by the qualified B-3 staff is very recent and includes scores from instruments which school district M-Teams would also utilize.

It is important to remember that the first step of any M-Team evaluation is to examine all relevant available data concerning the child, including records of the child's previous and current educational performance, health, and social behavior (PI 11.04(3)(a)(1). When an M-Team is reviewing the records of a very young child and there are data which substantiate the existence of an EEN and the need for special education, the members of the team could document this in their individual reports. The question of whether or not they should complete additional assessments will depend on the teams's professional judgment and a determination of whether or not the evaluation materials utilized by the B-3 staff met the criteria under PI 11.04(3)(d). In the event that an M-Team member accepts the findings from a previous report, it would be appropriate to cite specific items from it and indicate how they are consistent with their own documented observations of the child.

Merrill Little Learners' Head Start
and Merrill Area Public Schools'
Exceptional Education Needs
Inclusion Model

Mission Statement

By integrating the Head Start and Early Childhood:Special Needs programs, we are dedicated to providing a nurturing environment that will enhance any child's ability to function positively within his/her family and community. This we hope to accomplish by combining resources from the child's home, school and community.

Description of Services

The center-based portion of the Merrill Little Learners' Head Start is integrated with the Merrill Area Public Schools' Exceptional Educational Needs (EEN) program. The Head Start program serves 68 three, four, and five year old children. The site-based preschool EEN program historically begins the year serving roughly 18 students and ends the year with about 35. Some of the students are in both programs.

There are four sections of Head Start and three sections of EEN students. In past years, this resulted in class sizes of 17 for Head Start and 6-12 for EEN. By adopting an inclusion model, we can divide the total number of students (79) by seven. This results in class sizes of approximately 11-12.

All Head Start and EEN teachers work together as a team. This helps each teacher provide the services required by EEN and Head Start. It takes a lot of consultation to make sure that all requirements of the Individual Education Plan (IEP) and Head Start performance standards are met.

In addition to the seven classroom sections, there is a speech and language therapist assigned to the EEN program. This teacher provides direct services to the speech and language disabled students in the classroom and on a pull-out basis. There is also a physical therapist, an occupational therapist and a school psychologist assigned to the program to provide services as needed.

How Are The Students Divided?

Age:	Just 3	3 on Sept. 1	4 on Sept. 1	5 on Sept. 1	Total
Head Start Only	X	15	38	1	54
EEN/Head Start	1	3	10	0	14
EEN Only	1	4	5	1	11
Total	**2**	**22**	**53**	**2**	**79**

1

The chart above illustrates the set-up. In all classroom assignments, individual considerations are taken into account. As a basic goal, we strive to balance the classrooms between age, gender, and handicapped/individual needs. The EEN students are first assigned evenly throughout the seven sections. In this illustration, there are 25 EEN students. This means there are three to four assigned to each classroom. The remaining 54 Head Start students are then assigned to the seven sections. Three and four year olds are assigned to each class. This averages to about eight per section. This technique results in most classes having three or four EEN students with seven or eight non-EEN Head Start students. As the year progresses, additional EEN children are added to the program.

How About Home Visits?

Each teacher is responsible for the home visit requirement for the 12 students in the class. The speech and language therapist does additional home visits for those families in greatest needs of the service.

Planning

Joint planning is a critical portion of each week. All staff members plan together each Monday, from 8:00 to 10:00 a.m. During this time, program lessons, field trips, parent involvement strategies, and student information is exchanged.

Teaching Patterns

Each teacher has primary responsibility for the 12 students assigned. However, there are activities planned that involve team teaching, large group activities, teacher and class rotations. Team teaching is when teachers combine their classes for an activity. Large group activities involve all the students for a special guest, a field trip, or activity. Teacher rotation occurs when teachers move from class to class doing a series of coordinated activities.

Themes are utilized as a vehicle to address goals and the theme is uniform throughout the classes. Each week we determine if we will do teacher rotation or class rotation. Either way, the activities are coordinated and goal specific.

Screening Assessment

The screening instruments utilized for all Head Start (possible EEN) students are the Minnesota Preschool Inventory and the articulation portion of the AGS Early Screening Profiles.

Assessment in all classrooms is conducted on an ongoing basis with the High Scope Child Observation Record (COR). Classroom portfolios are monitored by all teachers as part of class rotation.

Students referred for possible EEN's are assessed depending on needs. All speech/language EEN students are taken through a developmental checklist to be shared with parents.

Parent Activities

The Head Start parent coordinator arranges activities for parents just as before. Parents of "EEN only" students are encouraged to participate along with everyone else. All parents are encouraged to participate in the classrooms as it is a good educational practice.

The only areas of difference are when choosing parents for the Policy Council and Center Committee officers. In general, it is just as hard to pick out "EEN only" parents as it is the "EEN only" children.

Integration of Head Start and EEN - Why?

If you work for Head Start or a public school, consider integrating programs for the benefit of your students. Obviously, working in isolation is often easier. However, your children and families will have a greatly enriched educational experience if you take on the commitment to integrate your programs. Here are some reasons to work together:

1. Children with special needs learn more quickly when interacting with non-EEN students.
2. All children experience a more diverse population.
3. There are better kindergarten transitioning experiences for all students.
4. Teachers learn from each other. Each teacher brings different strengths to the field which allows for increased learning of new and innovative teaching approaches.
5. Parents know that each program is utilizing all resources for the benefit of their children.
6. Each program has access to different pieces of the information to help build better educational plans for the children and families.
7. More resources are available to students. Each agency has unique resources which can be applied to challenging situations.
8. Better decision-making occurs because teams can develop more solutions than individuals.
9. There is a better timing of services. The resources can be more timely applied to situations as part of a coordinated plan.
10. An increased continuity of services. Each agency works in the same direction. Complex problems require coordinated services.
11. Better communication with families. More people working with the same family allows for more opportunities for contact and more consistent messages.
12. Increased efficiency of effort. It is more efficient to utilize the time as a group vs. isolated efforts.
13. Support for the individuals of each agency. The mental health of all service providers is improved when they know they are not working and making critical decisions in isolation.
14. A better picture of the community needs. Collaboration allows each agency to see the larger community needs more clearly.
15. Better working relationships between participating agencies. The foundation is set for other collaborative ventures beyond this immediate collaboration.

Source: Little Learners Head Start, Merrill, WI

The Special Education Process Timelines

TIMELINE	COMPONENT	CITATION	
		State s. PI 11.	Federal 34 CFR 300.
	Inform parent prior to Referral	11.03(2)(e)	
	Referral	11.03(2)(a)	
90 DAYS	Receipt of Referral	11.03(2)(b)	
	Notice of Receipt of referral (with rights)	11.03(2)(g)	
	Notice of Intent to Evaluate (with rights)	11.04(1)(b)	504(a)(1)
	Consent for Preplacement Evaluation	11.04(1)(a)	504(b) (1) (i)
	Parental Consent Obtained		
	M-team Evaluation		
	Invite parents to meeting	11.04(4)(b)	
	Examine Data	11.04(3)(a)	
	Observation for LD	11.04(3)(b)	542(a)
	Document criteria for Disability	11.04(5)(a)1.	
	Document need for Special Education	11.04(5)(a)2.	
	Recommend Related Services	11.04(5)(a)5.	
	M-team Report approved by Director/Designee	11.04(5)(d)	
30 DAYS	M-team Report(s) sent to Parents (with rights)	11.04(5)(d)3. 11.04(7)	
	Invitation to IEP Meeting (with rights)	11.05(3)(a)	345(a) & (b)
	IEP Meeting	11.05(2)(a)	343
ASAP	Placement Committee determines Placement	11.06(1)	
	Notice of Placement (with rights)	11.06(3)(a)	504(a)
	Parental Consent for Initial Placement	11.06(6)(a)	504(b)(1)
	Placement	11.06(4)	
3 YEARS	Annual Review of IEP	11.05(5)(a)	343(d)
	Annual Notice of Placement (with rights)	11.06(1)	552(a)(1)
	Notice of Reevaluation (with rights)	11.04(1)(b)	504(a)(1)
	3-year reevaluation	11.04(6)(a)1.	534(b)
	M-team Evaluation		
	Invite parents to meeting	11.04(4)(b)	
	Examine Data	11.04(3)(a)	
	Observation for LD	11.04(3)(b)	542(a)
	Document criteria for Disability	11.04(5)(a)1.	
	Document need for Special Education	11.04(5)(a)2.	
	Recommend Related Services	11.04(5)(a)5.	
90 DAYS	M-team Report approved by Director/Designee	11.04(5)(d)	
30 DAYS	M-team Report(s) sent to Parents (with rights)	11.04(5)(d)3.	
	Invitation to IEP meeting (with rights*)	11.05(3)(a)	345(a) & (b)
	IEP meeting	11.05(2)(a)	343
	Notice of Placement (with rights)	11.06(3)(a)	504(a) (1)

* Unless a notice that includes a statement of parent & child rights has been provided within the previous 30 days.

COLLABORATION

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